REPORT RESUMES

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EDUCATION OF HANDICAPPED CHILDREN IN RHODE ISLAND, A REPORT TO THE LEGISLATURE.

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IN 1961 THE RHODE ISLAND GENERAL ASSEMBLY ESTABLISHED A COMMISSION TO STUDY NEEDS AND PROVISIONS FOR THE EDUCATION OF HANDICAPPED CHILDREN. IN ADDITION TO MEETING WITH REPRESENTATIVES OF MANY AGENCIES THROUGHOUT THE STATE, THE COMMISSION EMPLOYED A PROJECT DIRECTOR AND A STAFF OF SPECIAL EDUCATION CONSULTANTS WHO GATHERED DATA ABOUT ALL EXISTING PROGRAMS AND DEVELOPED A SERIES OF RECOMMENDATIONS FOR COMMISSION REVIEW AND TRANSMITTAL TO THE ASSEMBLY. THE MAJOR COMMISSION RECOMMENDATIONS FOR LEGISLATIVE ACTION ARE SUMMARIZED. CONSULTANT RECOMMENDATIONS AND EVALUATION FOR EACH AREA OF PROGRAMS FOR THE HANDICAPPED ARE INCLUDED. THESE CHAPTERS REPRESENT COMPREHENSIVE DESCRIPTIONS AND EVALUATIONS OF FACILITIES AND SERVICES IN EXISTENCE IN FEBRUARY 1963. (DF)

[redacted]

ED010923

EDUCATION OF HANDICAPPED CHILDREN IN RHODE ISLAND

A REPORT TO THE LEGISLATURE

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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RHODE ISLAND LEGISLATIVE COMMISSION TO STUDY THE EDUCATION OF HANDICAPPED YOUTH

MARCH 1963

Education of Handicapped Children in Rhode Island

a report to the legislature

Rhode Island Legislative Commission to Study
the Education of Handicapped Youth

March, 1963

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LEGISLATIVE COMMISSION TO STUDY THE EDUCATION OF HANDICAPPED YOUTH

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

LEGISLATIVE COMMISSION
TO STUDY
THE EDUCATION OF HANDICAPPED YOUTH

CARL W. HAFFENREFFER, CHAIRMAN
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REPRESENTATIVE ALFRED TRAVERS, JR.
DR. BURTON BLATT, PRINCIPAL CONSULTANT

14 March 1963

To: The Honorable John H. Chafee, Governor
The Honorable Members of the General Assembly

On behalf of the Legislative Commission to Study the Education of Handicapped Youth, as created by Resolution S-231 Substitute A in the January Session A.D. 1961, I am attaching herewith the final report of this Commission, together with a full and final accounting of all expenditures approved by the Commission in the course of this study.

As part of the report, you will find appended the report of the consultants engaged by the Commission to collaborate with it in making the study of existing programs throughout the State of Rhode Island, and in formulating a reasonable long-term plan for creating programs where none exist at the present, and for improving existing programs where this is deemed necessary and advisable.

The Commission believes that all its recommendations can be fully implemented within the framework of present laws, and that no new enabling legislation will be required.

The Commission wishes to express its thanks to Drs. Michael F. Walsh and William P. Robinson, Jr. for their invaluable advice and guidance during the Commission's deliberations, and to Mr. Edward F. Wilcox, Associate Commissioner of Education, for his assistance, and especially to Mr. Paul Sherlock, Supervisor of Special Education in the State Department of Education. Without Mr. Sherlock's knowledge of and devotion to the problem at hand, the Commission is of the unanimous opinion that it could not have properly discharged its mission.

The Commission also wishes to gratefully acknowledge the help it received from the many private and public agencies throughout Rhode Island concerned with the education of handicapped youth.

PLEASE ADDRESS REPLY TO:

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

LEGISLATIVE COMMISSION
TO STUDY
THE EDUCATION OF HANDICAPPED YOUTH

CARL W. HAFFENREFFER, CHAIRMAN
JOSEPH L. BYRON
EDWARD J. CONDON
REPRESENTATIVE HARRIET D'ATTORE
SENATOR CHARLES J. LINK
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SENATOR JOHN E. MORAN
REPRESENTATIVE ALFRED TRAVERS, JR.
DR. BURTON BLATT, PRINCIPAL CONSULTANT

-2-

14 March 1963

The members of the Commission are pleased that they have had this opportunity of serving the youth in the State who are handicapped, and who deserve the finest education which modern methods afford.

Yours very truly,

Carl W. Haffenreffer

Carl W. Haffenreffer
Chairman

CWH:MN

PLEASE ADDRESS REPLY TO:

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SECTION I

REPORT OF THE RHODE ISLAND LEGISLATIVE COMMISSION TO STUDY THE EDUCATION OF HANDICAPPED YOUTH

A Report to the Legislature

INTRODUCTION

The Commission to Study the Education of Handicapped Youth in the State of Rhode Island was established as a result of legislative action by the General Assembly during the January Session 1961. Having been appointed by the Governor, the Lieutenant Governor and the Speaker of the House of Representatives in October, 1961, the Commission undertook its business at that time. Subsequent Commission activities brought about the realization that the problems associated with the education of the handicapped were varied and complex and that more time was needed to give appropriate attention to these problems. Consequently, the 1962 General Assembly, upon request of the Commission, provided for the extension of the life of the Commission.

The Commission consisted of eleven members, made up of the Commissioner of Education, ex officio, the Director of the State Department of Health, ex officio, the Director of the State Department of Social Welfare, ex officio, four members of the General Assembly, and four electives of the State appointed by the Governor. Senator Charles J. Link was appointed to fill the vacancy arising from the death of the late Senator Charles B. Clarke. Two other changes, in ex officio members occurred—Dr. William P. Robinson, Jr. succeeding Dr. Michael F. Walsh and Mr. Augustine W. Riccio succeeding Mr. Albert P. Russo.

During the period from October, 1961 through March, 1962, the Commission met twelve times with representatives of many school departments and agencies throughout the State concerned with the education of the handicapped. Those meeting with the Commission presented program evaluations and recommendations for improving services to the communities in programs for the handicapped. Occasional meetings of the Commission alone were held during this time, each meeting consisting of lengthy discussions pertinent to the goals of the Commission.

In February, 1962, the Commission requested an extension of time, sought further financial assistance, and thereby was enabled to obtain the services of Dr. Burton Blatt, Professor and Chairman of the Department of Special Education, Boston University, as Study Project Director. The Report of the Consultants is deemed sufficient testimony to the thoroughness, resourcefulness and competencies of Dr. Blatt and his staff.

Upon receipt of the Report of the Consultants, in February, 1963, the Commission met several times to review the report, endorse recommendations contained therein and develop substitute recommendations to supplant those not endorsed.

Of course, the Commission wishes to express its appreciation for the cooperation of the hundreds of persons who made direct contributions to the study. Educators, private agency personnel, state administrators, consultants, and clerical staff extended themselves in the preparation of this report. All of these people, we are sure, will be rewarded with the knowledge that their efforts will bear fruit in improved education for the handicapped in the State of Rhode Island.

The Report of the Legislative Commission to Study the Education of Handicapped Youth consists of two sections: (1) the Report of the Commission, Section I, and (2) the Report of the Consultants, Section II. The Commission recognizes that the Report of the Consultants is a most comprehensive and valuable document. The Commission endorses in principle the recommendations submitted by the consultants with only a few exceptions. Citation of the non-endorsed recommendations and substitute recommendations in addition to reemphasis of major recommendations, comprise the report of the Commission.

SUMMARY OF RECOMMENDATIONS

This section summarizes the major recommendations which the Commission deems essential in educational programs for the handicapped children and youth of Rhode Island. These major recommendations are designed not only to develop mechanisms to provide for the needed improvement and expansion of existing special educational programs but, just as important, to pave the way for the development of special programs for the thousands of handicapped children whose critical special needs remain unattended.

Recommendation A, Page 26 of Section II suggests the reinstitution of "special reimbursements for cities and towns that maintain bona fide programs in special education for handicapped children."

After much serious deliberation which involved discussion of the philosophy underlying the present Foundation Aid Program and a review of the potential inherent in Title 16, Chapter 24 of the General Laws of Rhode Island 1956, and Chapter 27, Public Laws of Rhode Island, 1960, the Commission determined that these laws preclude the necessity for the reinstitution of special reimbursements. These laws read as follows:

EDUCATION OF HANDICAPPED CHILDREN

> 16-24-1. **Duty of school committee to provide special education.**—In any city or town where there is a child within the age range as designated by the regulations of the state board of education, who is either mentally retarded or physically or emotionally handicapped to such an extent that normal educational growth and development is prevented, the school committee of such city or town shall provide such type of special education that will best satisfy the needs of the handicapped child, as recommended and approved by the state board of education in accordance with its regulations.
>
> 16-24-2. **Regulations of state board.**—It shall be the duty of the state board of education to set up regulations for the purpose of carrying out the intent of this chapter; such regulations should include:
>
> 1. criteria to determine who is to be included in the category of the exceptional child;
>
> 2. minimum criteria for establishment and/or reimbursement of special facilities (such as public school classes, hospital schools, etc.) for each category of exceptionality;
>
> 3. methods of reimbursement;
>
> 4. teacher-training recommendations, minimum teacher qualifications;

5. transportation; and

6. any other regulations the state board deems necessary to implement this chapter.

Chapter 27

AN ACT TO PROVIDE A COMPREHENSIVE FOUNDATION AND ENHANCEMENT STATE AID PROGRAM FOR EDUCATION

Section 9. **Education improvement fund.**—There is hereby established an education improvement fund in such amount as shall be determined annually by the general assembly, which shall be expended by the commissioner for the purpose of (a) meeting emergencies or unusual contingencies beyond the control of any community and not provided for by this act, (b) encouraging increased or improved standards of education in communities or (c) participating in or supporting research or development of new programs which are designed to enhance public education in the state.

The Commission feels very strongly that the State Board of Education must immediately assume its proper responsibilities in the adoption of appropriate rules and regulations governing the establishment and operation of all programs for handicapped children, and in order for these to be effective, sufficient consultant level personnel must be employed by the State Department of Education and local school departments. Therefore, the Commission recommends:

1. Full implementation of Title 16, Chapter 24, Paragraphs 1 and 2 of the General Laws of Rhode Island 1956, and that the General Assembly at its present session appropriate the sum of $50,000.00 to be included in the budget of the State Department of Education and expended under Chapter 27, Section 9 of the Public Laws of 1960. This appropriation would be used to develop new programs for all categories of handicapped children in the school systems of the state in order to enhance the education of these children. It is furthermore recommended that such sums as may be deemed necessary for the development of such new programs be included in future annual budgets of the Department of Education.

To further full implementation of Chapter 24, it is recommended that the State Board of Education regulations include:

2. Certification standards for teachers in all fields of special education; certification standards for supervisors of special education; certification standards for school psychologists; provision for exclusion or exemption of any child from school to be effected only upon the approval of the Commissioner of Education; diagnosis and placement of children in special programs according to specific standards; and, school building

code provisions to insure attention to the needs of the handicapped.

3. The establishment of a new Division of Special Education in the State Department of Education: to give leadership to the development and improvement of special programs for handicapped youth through the provision of services to communities, including consultation and supervision; through its participation with other State professional, governmental, and volunteer agencies in stimulating new legislation, regulations, research and long range goals and plans. This Division, administered by a Chief, should have supervisors in the following areas: mental retardation, visually handicapped, speech and hearing, emotionally disturbed, and psychological services. It is recommended that as an initial step to implement this recommendation that the present budget request of the Department of Education in the area of special education be granted by the Governor and the General Assembly.

Recommendation C 2, Page 27, of Section II has been modified to read:

4. Requirement that larger communities employ full-time Supervisors of Special Education, and require all smaller communities to develop a compatible type of joint supervision.

Throughout the entire report of the Consultants and the many meetings the Commission held with Rhode Island specialists, the critical needs for early identification, diagnosis and education of the handicapped were stressed. Therefore, it is recommended:

5. Comprehensive diagnostic centers should be established to service pre-school and school-age children presenting serious problems. These clinics should serve the school systems and constitute needed training and demonstration centers. Because these children in the early years present medical problems and then increasingly educational-rehabilitation problems, these diagnostic centers should constitute a combined effort of the State Departments of Education, Health and Welfare. The Directors of these Departments should immediately establish a study committee of appropriate representatives to develop specific recommendations for the establishment of these diagnostic centers.

6. The State Board of Education develop regulations to enable free education of properly diagnosed pre-school handicapped children in programs approved by the Board.

The Commission has been made aware that the purpose of special education for the handicapped is to provide its subjects with those essentials needed for a productive and satisfying life as independent citizens. The emphasis of these programs encompass a variety of methodologies in the habilitation of the individual which is a developmental task requiring early and continuous attention.

The Commission recognizes that special education is a most important vehicle in attaining the goals held for the handicapped. Still, extended training opportunities for these individuals beyond formal special education programs offered during the formative years should be available. Vocational Rehabilitation and Adult Education programs to provide diagnostic, re-evaluation, restorative and therapeutic services, and continuing education and training for the handicapped are also considered essential parts of a comprehensive program. Therefore, the Commission recommends that the State Board of Education request:

7. Joint development of a formal plan by the Department of Education's Special Education and Vocational Rehabilitation Divisions to insure the highest degree of coordination of services rendered to the handicapped by these respective Divisions and other agencies, with the objective of providing these children with every opportunity to achieve scholastic, social and vocational proficiency.

8. Greater use of the on-going School Rehabilitation Program which provides comprehensive rehabilitation services to the handicapped 14 years of age and above, in addition to a coordinated effort by the Adult Education, Special Education and Vocational Rehabilitation Divisions to expand current Adult Education programs for the handicapped.

As previously mentioned, it cannot be expected that special programs for handicapped children can either flourish or meet minimal demands of communities unless highly trained supervisors, teachers, therapists and psychologists become available to the State's school systems. Although the Consultant's recommendation D 2 on Page 27, Section II, suggests that the University of Rhode Island consider establishment of undergraduate and graduate programs to prepare teachers of the emotionally disturbed, the Commission feels that every effort should be made to expand and enrich the Rhode Island College program before a decision is made to encourage the development of a second center. Therefore, the Commission recommends to the Board of Trustees of State Colleges:

9. That Rhode Island College immediately expand and enrich its present program in the preparation of teachers of the mentally retarded and emotionally disturbed, and include a general course in the education of exceptional children for college students preparing as regular class teachers.

10. That the University of Rhode Island immediately expand and enrich its programs in the preparation of speech and hearing therapists and school psychologists.

11. That both state institutions of higher learning be encouraged to develop psycho-educational clinics, special service programs and research institutes to study the variety of problems associated with handicapping conditions.

12. That both public and private institutions of higher learning in the state be encouraged to develop greater interest in education of the handicapped.

13. That the necessary steps be taken by the state and volunteer agencies to develop the capacity to be eligible for receipt and use of federal and private funds earmarked for service, demonstration and research activities with handicapped youth.

RECOMMENDATIONS SPECIFIC TO EACH CATEGORY OF HANDICAPPED CHILDREN AND OTHER SERVICES

Education of the Blind and Partially Sighted

Recommendations of the Consultant studying the Education of the Blind and Partially Sighted listed on Page 43 of Section II were concurred in generally by the Commission except:

> Consultant Recommendation A, Page 43, Section II,—"Legal mandatory provisions for medical doctors to report cases of legal blindness to the State Department of Education." The Commission feels that the identification of legally blind children does not represent a serious problem at this time. However, the identification of the visually handicapped presents a particular problem in that the less seriously visually handicapped, unless carefully evaluated, and attended to, can lose much of their educational opportunity and accrue educational deficits which can have a lasting effect on their lives. Therefore, the Commission recommends that every effort be made to implement Recommendation B on page 43.
>
> Consultant Recommendation E on Page 43, Section II,—"The appropriation of money by the Legislature, on a per capita basis, for all known blind children in the public schools." The Commission feels that Chapters 24 and 27, supported by specific regulations of the State Board of Education, can enable achievement of the objectives of this recommendation.
>
> Consultant Recommendations H, I, and J on Page 43, Section II, received considerable attention by the Commission. The Commission is in agreement that the services of the Division of Services for the Blind and the State Department of Education should be highly coordinated. Pursuant to this agreement, a special interdepartmental study should be developed to insure coordination of the activities of these two agencies.

Education of the Emotionally Disturbed

The Consultant's recommendations on the education of the emotionally disturbed appear on Page 53, Section II. The Commission concurs in these recommendations and is of the opinion that the provisions of the Education Improvement Fund section of Chapter 27, Public Laws of Rhode Island 1960 should be utilized to enable the expansion and lengthening of the pilot-demonstration project being planned by the Department of Education in conjunction with the Providence and Warwick School Systems and partially supported by the Junior League of Providence, Inc. Consideration should be given to including other school systems in the project, those which have already developed programs for the emotionally disturbed and others which have yet to take action.

The Commission recommends the establishment of a staff position in the State Department of Education for a Consultant in the Education of Emotionally Disturbed.

Temporary regulations governing the establishment of classes for the emotionally disturbed should be developed by the State Board of Education with the expectation that these regulations will be subject to periodic change as new knowledge becomes available through the working out of the pilot demonstration project.

The Commission also recommends that the Department of Social Welfare immediately take action to develop an educational program for the emotionally disturbed children at the Rhode Island Medical Center.

The Education of Mentally Retarded in the Community

Consultant recommendations on Education of the Mentally retarded in the Community, listed on Pages 84, 85 and 86, Section II, were generally agreed upon by the Commission as being desirable with the following exceptions:

> Recommendation A, Page 84, Section II, — "Reimbursement . . ." The Commission suggested alternatives which are located in the Summary of Recommendations of this report (Pages 10 and 11).
>
> Recommendation B, Page 84, Section II, has been modified and is treated on Page 13 of this report.

Education of Mentally Retarded — Dr. Joseph H. Ladd School

The Consultant recommendations listed on Pages 91, 92 and 93, Section II, were endorsed by the Commission. The Commission wishes to emphasize the need for immediate consideration to Recommendation A, Page 91 which calls for the establishment of improved standards and criteria for all teachers at Ladd School. The current classification of vocational instructor should be changed to insure employment of teaching personnel meeting certification requirements of the State Board of Education appropriate to each teacher's specialty.

The Education of Physically Handicapped Children

In general, the Consultant recommendations listed on Pages 119-121, Section II, were endorsed by the Commission. However, the Commission feels that since the incidence of physically handicapped children is relatively low an effort should be made by the Department of Education to integrate the responsibilities of the presently unfilled position "Consultant School Health Services" and the proposed Consultant on Physically Handicapped, thereby eliminating the necessity of creating a new position.

The Education of Speech and Hearing Handicapped and the Deaf

With the exceptions of Recommendations D, and F (Page 140), Section II, the Commission endorses the recommendations of the Speech and Hearing Consultants.

Recommendation D is relative to special reimbursement which is treated in the Summary of Recommendations section of this section. (Page 10), Section I.

Recommendation F has been modified to request that the State Departments of Education and Health continue their efforts to coordinate speech and hearing services to the children of the State. *The School Health Manual,* produced jointly by the Departments of Health and Education in 1962, is considered reliable evidence that there exists a high degree of interdepartmental cooperation in the school health fields. As an additional step, the Commission recommends that the State Board of Education develop more specific regulations governing the conduct of speech and hearing therapy programs as indicated in the Consultant's report.

School Psychological Services

The Commission endorses in principle the recommendations of the Consultant on School Psychological Services listed on Page 153-156, Section II, with the exception of A on Page 153. The Commission reviewed the newly approved certification requirements for school psychologists, to be effective October 1, 1964, and feels that these standards can accomplish the objectives for improved psychological services as set forth by the Consultant. These requirements as established call for supervised clinical experience with a minimum of at least four months internship held jointly in a clinical and school setting. The Office of Certification considers this a mandatory requirement as is practice teaching for other Board of Education issued certificates.

Volunteer Agencies

The Commission has, of necessity, studied the role of the voluntary agencies in Rhode Island in relation to their work with handicapped youth. The Commission is fully aware of the tremendous contribution to the youth of the state being made by these agencies and recommends that extended use be made of their services by public agencies where it is demonstrated that such use is desirable for the state and such services meet the standards set up by the governmental agency.

Edited by Burton Blatt
Project Director

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SECTION II

REPORT OF THE CONSULTANTS

Submitted to

The Rhode Island Legislative Commission
to Study the Education of Handicapped Youth

February, 1963

MEMBERS OF THE PROJECT STAFF

DR. BURTON BLATT,
Project Director and Consultant, Mentally Retarded
Dr. Blatt is Professor and Chairman of the Special Education Department at Boston University.

MR. GEORGE BRABNER,
Consultant, Physically Handicapped
Mr. Brabner is Research Associate of the Boston University Center for Exceptional Children.

DR. FRANK GARFUNKEL,
Consultant, Research
Dr. Garfunkel is Assistant Professor and Coordinator of Special Education at the University of Connecticut.

DR. LEWIS KLEBANOFF,
Consultant, Psychological Services
Dr. Klebanoff is Supervisor of the Massachusetts Department of Mental Hygiene Programs for the Mentally Retarded.

MR. STANLEY MEYERS,
Consultant, Volunteer Agencies
Mr. Meyers is Superintendent Designate for the State of Connecticut, New Haven Regional Center for the Mentally Retarded.

DR. ALBERT T. MURPHY,
Consultant, Speech and Hearing
Dr. Murphy is Professor of Speech and Hearing Education and Co-director of the Speech and Hearing Clinic at Boston University.

MISS NANCY NEVIUS,
Consultant, Blind and Partially Seeing
Miss Nevius is Consultant in the education of the Visually Handicapped in three communities in Central Connecticut.

DR. WILBERT PRONOVOST,
Consultant, Speech and Hearing
Dr. Pronovost is Professor of Speech and Hearing Education and Co-director of the Speech and Hearing Clinic at Boston University.

DR. MAXWELL SCHLEIFER,
Consultant, Emotionally Disturbed

Dr. Schleifer is Director of Research at Douglas Thom Clinic in Boston.

MR. BURT SCHMICKEL,
Consultant, Institutional Programs for the Mentally Retarded

Mr. Schmickel is Deputy Commissioner in charge of the Office of Mental Retardation, Connecticut Department of Health.

MISS BETTY O'KEEFE and MISS NANCY UNIS,
Project Secretaries

Miss O'Keefe and Miss Unis are secretaries in the Special Education Department at Boston University.

PREFACE

> *Cast upon this globe without physical strength or innate ideas, incapable in himself of obeying the fundamental laws of this nature which call him to the supreme place in the universe, it is only in the heart of society that man can attain the pre-eminent position which is his natural destiny. Without the aid of civilization he would be one of the feeblest and least intelligent of animals—*
>
> JEAN-MARC-GASPARD ITARD
> 1801

Itard's statement, written more than a century and a half ago, remains vital and true today. His challenge is explicit; the exceptional of our time—physical, mental, intellectual, and moral—are the products and responsibility of our society. In this regard, society's response to those in need is an indication of its character. The establishment in 1960 of a Special Legislative Commission to Study the Education of Handicapped Youth reflected an awareness of this responsibility by the General Assembly of the State of Rhode Island. The number of exceptional children enrolled in public school and institutional special education programs has increased at a rapid rate in the State of Rhode Island in the period following World War II. This phenomenon of program growth that we are witnessing plus the combined impact of science, medicine, education, rehabilitation, our rapid economic expansion, technological advancements, and other forces have resulted in an uneven national (and local) profile of exceptionality which fluctuates at an extraordinarily rapid rate as compared with the relative stability of certain other groups of children in our population. In order to achieve some understanding of the manner in which these and other forces operate, so that realistic and effective educational programs and legislation could be developed for our exceptional children, this State-wide survey was commissioned on March 15, 1962.

If one must characterize the methodological approach in studying the problem before us—*The Nature and Extent of Education for Handicapped Children in Rhode Island*—it would be fair to state that we relied most heavily upon our observational powers. Each member of the project staff was charged with the responsibility for reporting what was actually happening in his particular area. Our central concern was with the learning behavior of children and the effects of teachers and therapists upon this. Secondly, we were concerned with how professional workers viewed the programs they were involved in and the children with whom they were concerned. Great importance was placed on those accounts given by workers directly in contact with children, i.e., teachers, therapists, psychologists. Although it can be argued that members of administrative staffs have broader perspectives and can more comprehensively describe programs for exceptional children in their communities, those working directly with children can provide us with a unique insight: irrespective of our stated curriculum, of the professional qualifications of our workers, of the leadership of our central administration, of our facilities and our financing, who are the people who work with our handicapped youth and what are they thinking? It is believed that the above design should make it possible to analyze observations and expressed feelings and develop a series of recommendations that may reduce any discrepancy between the existing program and the model one. However, one factor should be made very clear; those communities that have no programs and have no personnel working with handicapped children may not receive the direct criticism that they deserve—because they have done nothing and it is not possible to differentially evaluate the cipher. Categorically, we are more impressed and encouraged with all who try and fail than those who do nothing quite successfully.

Although each consultant on this project was firmly committed to the aforementioned methodological procedure and although each contributed to the development of the format for this report, it was decided to allow each consultant latitude, both in developing means for implementing his phase of the study and in reporting to the Legislative Commission. When creative professional workers are permitted to develop unique means for studying particular problems, that which is lost in continuity through such freedom is gained in substance.

The project director wishes, at this time, to express his deep appreciation to the staff. With good humor, diligence, and insight they met their responsibilities in a manner above and beyond what normally could be expected. In particular, they submitted their reports in such condition as not to tax the vision and stability of this writer. Deep appreciation is given to Miss Betty O'Keefe for her work throughout the project year and, especially, for the preliminary typing of this report. Special thanks are gratefully extended to Miss Nancy Unis, secretary at Boston University, who typed part of the final report.

Certainly, this project could never have succeeded nor even been attempted without the tremendous support and aid of Mr. Paul Sherlock, Supervisor of Special Education for Handicapped Children, State Department of Education. On many a day and night he met with us, commiserated with us on our problems, and paved the way for entrance to many vital areas. Wherever our project staff went, we were told of the untiring efforts and good works of Paul Sherlock; no group ever appreciated him more than ours.

To the Legislative Commission and its chairman, Mr. Carl Haffenreffer, we offer our sincere thanks for this opportunity to observe and learn. You were the perfect employers: trustful, faithful, and demanding. To Commissioner Michael Walsh and Associate Commissioner Edward Wilcox of the State Department of Education, we are grateful for your cooperation, courtesy, and encouragement.

We are most indebted to the thousands of children and their teachers who have taught us so much during the course of this study. To them, this report is dedicated with the hope that it may, in a small way, serve to enrich the lives of the handicapped and those who minister to their needs.

B. B.

Natick, Massachusetts
February, 1963

Chapter I

INTRODUCTION AND OVERVIEW OF RECOMMENDATIONS

Of one thing we are certain, there are always more people who are willing to make recommendations than there are those who want them. It is with this understanding and with a sense of deep responsibility that we offer recommendations, based on visits to over 1,500 children in special education programs, in every city and in most towns within the State, during the twelve month period of this study. In their evaluations of programs and conditions, the consultants observed both model settings and serious deficiencies in all areas—geographic and professional. In contrast with other states, it can be stated categorically that Rhode Island is neither among the laggards or the leaders in providing services for its handicapped. It can be stated further that those problems considered to be most serious will be mitigated only through the most concerted Statewide action. For example:

A. Approximately 15,000 children are in immediate need of adequate specialized services that, presently, they are not receiving. There is a critical need for special class teachers, speech and hearing therapists, and school psychologists who have been prepared not only in the legal sense (State certification) but who, in fact, are qualified to cope with the profound problems characteristic of handicapped children.

B. The majority of handicapped children in the State are receiving improper and inferior diagnostic and remedial services. This had led to negligence in placing children in adequate programs and in ameliorating, remediating, or circumventing treatable handicaps.

C. There does not appear to be widespread effective cooperation and articulation among the variety of volunteer and professional organizations. This had led to duplication of services on the one hand and serious omission of services on the other.

D. It is apparent that, without the dedicated and professional skill of an important minority in this State, the general climate of pessimism and apathy would have resulted in the most dire consequences, a situation predicted to occur within the foreseeable future without immediate specific and effective governmental leadership.

The following represents those major recommendations, intrinsic to the education of all handicapped youth in Rhode Island, and designed to obviate the aforementioned problems. This report was prepared in such a way so as to provide for all readers an overview of the major recommendations to be found in this summary; detailed descriptions and analyses of particular groups of handicapped children, with accompanying recommendations, may be found in the complete study. *It is recommended that the Legislative Commission to Study the Education of Handicapped Youth consider ways and means to implement the following*:

A. State legislation to provide special reimbursements for cities and towns that maintain bona fide programs in special education for handicapped children. This legislation should, in addition, encourage, through reimbursement, cities and towns to establish new community programs for children presently in institutions for the blind, deaf, mentally retarded, physically handicapped, and emotionally disturbed.

B. State Board of Education regulations, comprehensive and specific for each area of special education, and including:
   1. Certification for all fields of special education with standards comparable to those in elementary and secondary education.
   2. Certification for Supervisor of Special Education with standards comparable to those for Special—Subject Supervisor's Certificate.
   3. Two level certification for school psychologists with senior level psychologists mandated for large cities.
   4. Exclusion or exemption of any child from school to be effected only upon the approval of the State Commissioner of Education.
   5. Diagnosis and placement of children in special programs according to specific standards approved by the Board.
   6. Each handicapped child to have a curriculum experience that is: realistic, rewarding, and consistent with our most enlightened professional skill and knowledge.
   7. School building code to insure attention to the needs of handicapped children.

C. State Board of Education regulations to provide for the implementation of the above standards:
   1. Establishment of a new Division of Special Education in the State Department of Education: to give leadership to the development and improvement of special programs for handicapped youth through the provision of services to communities, including consultation and supervision; through its participation with other State professional, governmental, and volunteer agencies in stimulating new legislation, regulations, research and

long range goals and plans. This Division, administered by a Chief, should have supervisors in the following areas: mental retardation, visually handicapped, speech and hearing, physically handicapped, emotionally disturbed, psychological services.

2. Require all cities to employ a certified Supervisor of Special Education and encourage all smaller communities to develop a compatible type of joint supervision.

D. Trustees of the State Colleges:

1. To direct Rhode Island College to expand and enrich its present program in the education of teachers of the mentally retarded and to develop selected new offerings in other areas of exceptionality, including a general course in exceptional children for college students preparing as regular class teachers. Without substantial administrative support, the present program cannot realize its goals.
2. To encourage and provide the stimulation for the University of Rhode Island to establish undergraduate and graduate programs to prepare: teachers of emotionally disturbed, speech and hearing therapists and school psychologists.
3. To encourage and offer stimulation for both state institutions of higher learning to develop psycho-educational clinics, special service programs, (e.g. center for the education of emotionally disturbed children) and research institutes (e.g. the Educational Improvement Fund) to study the variety of problems associated with handicapping conditions.

E. Encourage all state and volunteer agencies to review the nature and extent of federal and private funds presently earmarked for service, demonstration and research activities with handicapped youth.

F. Encourage all state and volunteer agencies to join in a common endeavor to develop goals for the education of all handicapped children and means for achieving these goals to fruition. All must join in this mission to help handicapped children deal with their exceptionality and, those of us concerned with their welfare, more exceptional in our service to them.

Chapter II

THE EDUCATION OF BLIND AND PARTIALLY SIGHTED CHILDREN

Introduction

Traditionally, visually handicapped children have received their education in residential schools established for that purpose. With few exceptions, between the years of 1832 and 1900, each state started a new school for the blind or officially began support of a school already in existence. Until World War I, these schools were virtually the entire life of a blind or partially sighted person for most institutions also maintained sheltered workshops and living quarters for adults which occupied the time and energy of the individual until he died. Not only were visually handicapped people cut off from the normal sighted world but blind men and women were separated from each other, as it was thought unwise for them to marry. It was the rare and exceptionally courageous individual who was able to break away from this kind of protective environment and lead a normal, satisfying life in the sighted community. With the growth of vocational rehabilitation programs after World War I, and particularly with the work done with war-blinded veterans, it became clear that visually handicapped people could live, work, marry, travel, and become integrated into the sighted world, with proper help and training. Parents, friends, professional workers, and visually handicapped people themselves began to look toward the goal of complete integration into the sighted world, with its accompanying benefits of self-sufficiency, self-support, and independent living. Educators, too, began to think in terms of starting vocational "habilitation" very early in an individual career, by having him receive his educational experiences in the same kind of world in which he would expect to live and work as an adult—the sighted world. The State of New Jersey, in particular, because it had never had a state school for the blind, began placing visually handicapped children in its regular public school classes, and supplying them with the special books and materials they needed to profit from the placement. The State, under the Commission for the Blind, also worked out a system for providing these visually handicapped children with supplemental instruction and consultative services when they were needed. At the same time, on the national scale, the National Society for the Prevention of Blindness, conducted programs of public re-education aimed at having public school educators everywhere understand the importance of good eye health and eye care. In particular, they encouraged and supported preparation of teachers of the partially-sighted and the use of large-type books for children who could not read regular size print.

Since the end of World War II, educational programs for visually handicapped children in the public schools has grown enormously. At the present time, there are more blind children being educated in public school classrooms in the United States than there are blind children enrolled in residential schools for the blind. In every state, programs are developing to handle these children in different, although related, ways. In a few states, notably New Jersey, Connecticut, New York, Illinois, Ohio, California, and Pennsylvania, intensive work is being done to discover and provide the best possible educational experience for each individual blind or partially-sighted child. Most other states, including Rhode Island, are moving forward in a constructive effort to establish programs which will serve the needs of the visually handicapped children within their borders.

Before machinery can be set up to provide essential services, it is necessary to discover precisely what the needs of the State are. With the completion of this task, we may be in a stronger position to recommend the direction for a future course of action.

Definition of Visually Handicapped

By Federal Law, blind children are defined as having a measured visual acuity of 20/200 or less in the better eye with maximum correction, or as having a field of vision restricted to an arc of 20° or less. Partially-sighted children are those whose measured visual acuity falls between 20/70 and 20/200 in the better eye with maximum correction. Together, the legally blind and the partially-sighted are referred to as "visually handicapped".

In practice, the dividing line of 20/200 between legal blindness and partial sight is an artificial and arbitrary one. Approximately two-thirds of the children classified as legally blind are able to read some print, although with difficulty; thus, only one-third of these children actually have to read braille or gain their education auditorily. Conversely, some children who are legally partially sighted are unable to use their vision effectively, because of the nature of their condition and are actually more handicapped than their measured visual acuity would indicate. It is essential to recognize the arbitrary nature of these legal definitions when planning programs for visually handicapped children, lest important needs be overlooked and crucial services denied to those who need them.

The estimated national incidence of legally blind children, (i.e. individuals under 20 years of age) is approximately .037%, according to the U. S. Department of Health, Education and Welfare. The National Society for the Prevention of Blindness reports that approximately one out of five hundred (.2%) will be partially sighted. The total estimated incidence for visually handicapped children, therefore, is .237%, or 237 per 100,000 of the school population.

Programs for the Visually Handicapped

A valid program for a visually handicapped child has the same goals as does the educational program for typically sighted children. Through his educational experience, a visually handicapped child should be enabled to lead a rich, satisfying and productive life, in the company of his sighted peers. Modern philosophy of education holds that a child will be better prepared to make a happy adjustment during his adult life in a sighted world if he has been educated with his sighted peers. However, in order to gain maximum benefit from an educational program integrated into the typical sighted school situation, the visually handicapped child needs help. He must:

a.) have teachers and other school personnel who understand his limitations and his abilities.

b.) have books, paper, pencils, recordings, magnifiers, and special lenses available according to his needs.

c.) have parents who accept him for what he is, and who are willing to face with him the challenge of his educational experience.

d.) have guidance and counseling which help him understand and deal with his immediate problems and plan for adult life.

Visually handicapped children may receive the specialized training and help they need through several different educational placements: the residential school, the sight conservation classroom, the resource room or the itinerant teaching plan.

a.) The residential school for the blind is geared primarily for those whose reading medium is braille. It usually provides instruction from kindergarten through twelfth grade and can award an accredited high school diploma. As there will always be children who, because of multiple handicaps, personality difficulties, family situations or other problems, cannot function effectively in a public school situation, the residential school is an important adjunct to any program for the visually handicapped. It is able to provide many specialized services such as: eye care, physical therapy, psychological testing and counseling, handicraft skills and occupational training, which may not be available in local communities. The small classes and individual instruction in a residential school can be of great help to the slower learning or recently blinded child. Thus, the school for the blind should be an important resource for any state planning a comprehensive program for blind children. However, there should always be a specific reason for residential school placement; simply because a child is *blind* is not justification for such placement; he must be blind *and* need the special services only available at the residential school. Rhode Island children are served by the Perkins School for the Blind in Watertown, Massachusetts.

b.) In evaluating the variety of placement possibilities for visually handicapped children, it is probable that the sight conservation classroom is the most misused. Under this procedure, children are registered with a sight conservation teacher in a room assigned to her which is equipped with large-type books, magnifying aids, recording devices and special desks or book holders. The children, who may range in grade from first to sixth, or through the junior high and senior high classes, receive all their instruction from this one teacher and, indeed, engage in all school activities as a group of handicapped youngsters. Conceived originally under the premise that it is possible to "save" the remaining sight of visually deficient children by special methods, these classrooms are, today, being either abandoned or changed into resource rooms. Research has shown that, in general, eyes are not harmed by use and educators have since realized that children can be more effectively helped by placement in other than sight conservation classrooms. In Rhode Island, there are two sight conservation classrooms, both in the City of Providence.

c.) The resource room provides for a placement whereby the handicapped child can be helped as he needs such assistance. In this plan, the visually handicapped child is registered in a typical sighted classroom and receives the major share of his instruction from the regular teacher. He is able, however, to turn to the resource room and the specially trained teacher there for supplementary instruction, skill training and use of the special equipment and tools available there. The resource room plan is a flexible one and the individual child's use of it can be adjusted according to his needs. The one major disadvantage of the resource room is that it generally takes children out of their local school and brings them to a centrally located one and, in so doing, prevents them from attending school with children from their neighborhood. The State of Rhode Island has one resource room, located in Warwick.

d.) The itinerant teaching plan is one which allows children to remain in their local public schools, be integrated into a regular sighted classroom, and yet receive the special help, books, equipment and counseling they need. In this plan, the special teacher travels from school to school where there are visually handicapped children and gives the individual child supplementary instruction and training in special skills, and provides for each child large type and braille books as well as other specialized materials and equipment. In addition, she consults with classroom teachers, encourages parents, and works with guidance counselors, nurses and others to provide whatever special help is needed. There is, at the present time, one itinerant teacher in the State of Rhode Island, employed by the State Department of Education; she is presently responsible for thirteen children.

Today, most educators in the field of the visually handicapped favor state wide programs, including resource rooms where practical (primarily in larger cities), and itinerant programs (for remote rural and suburban areas), with the residential school for the blind as a necessary adjunct for those children who cannot profit from a public school placement.

Visually Handicapped Children in Rhode Island

The total number of known visually handicapped children in the State of Rhode Island is, as nearly as can be determined, 231. A breakdown of this number, by placement, is given in TABLE I. In most cases, the upper age limit was determined by graduation or completion of high school training, but for the children in the Ladd School and the Rhode Island Medical Center, the cut off age was arbitrarily set at 21.

TABLE I

Placement of Known Visually Handicapped Children

Ladd School		22
R. I. Medical Center		1
Perkins School for the Blind		30
Parochial Schools		9
Pre-school Age		20
Public Schools		
Legally Blind	69	
Partially-Sighted	80	149
	—	—
		231

The bulk of this report will be concerned with those visually handicapped children who are either definitely legally blind or thought to be so and who are placed in the public schools. Those individuals placed at the Ladd School and the Rhode Island Medical Center appear to be having their needs taken care of most effectively. Services available to children at the Perkins School for the Blind will be analyzed in a subsequent section; but, it can be said that it is reasonably probable that the children enrolled there will not be entering public school in numbers large enough to affect the total program for the State. The locations of the twenty pre-school children were not determined as they are not now enrolled in the public schools; however, any concrete plans for implementing an adequate program for visually handicapped children should take this number into consideration. Although the nine parochial school children are included in the area analysis below, their educational progress was only superficially examined. Most state administrators of programs for exceptional children believe that, as the Roman Catholic Church has a splendid national program for the preparation of books and materials for the visually handicapped and as money to provide services to visually handicapped children is from public funds, the state—as a public organization—should minimize those services to children in parochial and private schools. In each state this is, of course, a matter of state policy. The table below, then, shows the location of those known visually handicapped children, presently in public and parochial schools in Rhode Island by area.

TABLE II

Location of Known Visually Handicapped Children by Size of Town

	Legally Blind Public School	Legally Blind Parochial	Partially Sighted
*Cranston, Pawtucket, Providence, Warwick	33	2	54
**East Providence, Newport, Woonsocket	10	2	11
***All Other Towns	26	5	15
Total	69	9	80

*Cities having public school populations above 10,000; **cities having public school populations between 5,000 and 10,000; *** town having public school populations below 5,000.

It must be remembered that the figures in the above two tables represent the absolute minimum number of visually handicapped children in the State. Based upon the school enrollment figures of 1960-61 (188,537), and using the estimated national incidence percentage of .237, the State of Rhode Island theoretically has approximately 447 visually handicapped children, which is almost double the number of known children (231). The chances are that the children who have not been identified will fall into the partially-sighted range of vision difficulty. As the State wide program for the visually handicapped gains momentum, more and more of these children will come to the attention of school authorities and special educators. An upsurge in the number of known cases is not unusual when a vigorous program of services begins to stir public awareness of the problem. However, no comprehensive plan, attempting to serve the needs of this group of handicapped children, can leave the discovery and identification of these children to chance. Not only must there be a dynamic program of public re-education, but also a regularly established channel for reporting cases to the proper State authorities and, in fact, a legal requirement for doing so.

A. *It is recommended that*: legislation be enacted making it mandatory for doctors and school personnel to report cases of legally blind children to the State Department of Education, and that this Department develop a reporting form for this purpose. It is recommended that the State Department of Education establish and maintain accurate, current and complete case records for each of these children so reported to it.

Analysis of the Present Program

In order to acquire primary accurate information, visits were made to each of the nineteen school systems in which legally blind children were reported, according to the State Department of Education, and to the Ladd School, and the Perkins School for the Blind. In the nineteen school systems having legally blind children, requests were made for interviews with the school worker who would be most likely to have access to the child's permanent record card and have first hand information about the blind child. Information was also requested about all other visually handicapped children known to be enrolled in the school system. At least one of these individuals in each of the school systems was interviewed: superintendent, elementary school supervisor, guidance director, director of special services, school nurse, principal, guidance counselor, social worker, and regular classroom teacher. Those data obtained during the interviews are the basis for the following analysis of programs for visually handicapped children in the State.

1. **The Partially-Sighted.** The 80 partially-sighted children listed in TABLES I and II were being educated in thirteen of the nineteen school systems visited. The remaining six were unable to report any information relevant to their visually handicapped children; these six include the cities of Central Falls, Pawtucket, and Woonsocket. Thus, this census represents only the barest minimum of partially-sighted children attending school in the State. The meaning is clear: In twenty-eight school systems, partially-sighted children are struggling to learn and develop under a handicap which prevents them, to a greater or lesser degree, from seeing their books, writing correctly, following blackboard work, and participation in group instruction. In short, these unknown children are unable to take advantage of the opportunity to learn which the public school system promises to all children.

Of the 80 children who have been identified, perhaps about thirteen may not be considered partially-sighted. In most cases, vision reports are from screening tests conducted by the classroom teacher or school nurse and, although they are frequently inaccurate, these children have been included. The City of Providence, is a noteworthy exception to this in that ophthalmological reports are on file for all but a few of the partially-sighted and blind children in that city.

Grade placements of the known partially-sighted children are shown in the following table.

TABLE III

Grade Placement of Known Partially-Sighted Children

	Grade	Number	Percent
	1	1	
	2	5	
	3	7	
	4	8	
	5	9	
	6	5	
Total in Elementary Grades		42	52.5
	7	2	
	8	2	
	9	3	
	10	1	
	11	1	
	12	1	
Total in Upper Grades		10	12.5
Total in Ungraded Classes		20	25.0
Grade Not Reported		8	10.0
Total		80	100.0

The most striking fact apparent in this distribution is the large proportion of children (25%) who are attending class in an ungraded situation, i.e. in special classrooms for the mentally retarded. There are two possible explanations for this condition. First, because these children have been placed in a special classroom, more is known about all their difficulties. Second, it is possible that these children have been placed in classes for the retarded because their vision difficulty has not been recognized as the cause of their learning disability. Only 12 of the 80 known partially-sighted children are reported as using large-print books and other special visual aids for learning. Somewhat over two-thirds of the graded children are known to be in elementary classes, a fact which reflects both the school's emphasis on vision screening in the elementary grades and children's increasing ability to cover up their vision problems. This finding should not be construed as meaning that there are necessarily fewer partially-sighted children in the upper grades.

The basic problem in programs for the partially-sighted is that there is no concrete, accurate knowledge about the location and needs of hundreds of them. Until it has been determined where these children are, who they are, and whether they are placed and achieving according to their abilities, no productive effort can even be started to organize an appropriate program for them.

B. *It is recommended that*: local school health departments be asked to make an accurate and detailed survey of the school children under their supervision and to report ophthalmological vision measurements, grade placements and ages of all partially sighted children to the State Department of Education.

2. **The Legally Blind.** The total number of legally blind children attending school (78) is misleadingly high, as it represents: children carried on the caseload of the Division of Services for the Blind, State Department of Social Welfare, who are so suspected, but who may or may not, in fact, be legally blind; children listed with the State Department of Education who are not, in fact, legally blind; and children not known to any agency, but whose school records show visual acuities of less than 20/200. Of the 78 known or suspected legally blind children, the specific educational programs of 53 of these children were investigated. Included in this number are six children attending the Providence sight conservation classes, who will be dealt with in a separate section. The 25 children not followed were reported by the Division of Services for the Blind; this agency will not release the names of children on its rolls to the Department of Education. (See Section 5, Agencies for the Blind). The remainder of this section, then, will focus upon the education of the 44 blind children attending regular public schools and 3 blind children attending parochial schools in Rhode Island. Table IV indicates the grade placement of these 47 blind children.

TABLE IV

Grade Placement of Known Legally Blind Children

	Grade	Number	Percent
	1	2	
	2	10	
	3	5	
	4	4	
	5	2	
	6	5	
Total in Elementary School		28	60
	7	0	
	8	1	
	9	1	
	10	1	
	11	1	
	12	2	
Total in Upper Grades		6	13
Number Not in School		4	8
Number in Ungraded Classes		7	15
Number Not Reported		2	4
Total		47	100.0

Children who are classified as legally blind may still have considerable residual vision, and may use it with varying degrees of efficiency; therefore, the nature of the special books and materials and necessary adjustments in the regular school program must be determined on an individual basis. It is not possible to set arbitrary standards, based upon visual acuity, to determine whether a child should read regular print, large-size type books or braille. An analysis of the reading materials available to these 47 legally blind children reveals that: 17 are reading regular print, 21 are reading large type, 3 are reading braille, 1 is using records exclusively, and 5 are not reading. In at least 10 cases, reading materials clearly are not appropriate, either because the children do not have access to large type print or because they are using large type where it is clearly not necessary for them to do so.

In the State, only 7 children are reported as using recorded material to aid them in their studies. When one considers that the Federal Government provides machines and recorded literature free of charge for just such children, it is discouraging to find so few schools having any knowledge of or use for this resource. Furthermore, children who read large size type books in school must at some time learn to listen to their texts as there are virtually no large type books at the senior high school level and beyond.

Only 6 children in the State are reported to be using optical aids other than spectacles to help them in their school work, although hand lenses and optical magnifiers can often mean the difference between success and failure for visually handicapped children.

One of the most widely used measures of school progress is the standardized achievement test, yet not one school system reported using large type achievement tests for its visually handicapped students, even when these children were using large type books. In 18 cases, the schools reported either excusing the student from taking achievement tests or did not record their scores made on standard tests. In a total of 37 cases, large type achievement tests are clearly indicated, as children are being retained in grade or assigned to slow groups on the basis of inadequate and inaccurate information.

One of the most helpful tools in planning an individual student's educational program is the intelligence test. Yet in only 14 out of the 47 cases investigated were individual intelligence test results recorded. In 17 cases, students had taken written group intelligence tests, in which their lack of vision surely was a distinct handicap. In 16 cases, no intelligence test scores were reported at all. In a total of 19 cases, children are being deprived of a maximum education experience because schools appear to be making crucial judgements on the basis of misleading or inaccurate information.

Just as it is important to have as clear an idea of a student's capability as is possible, it is also important to have accurate information readily available in regard to his vision. In 12 cases, however, there was no information, relative to the child's vision, available to the school. Unless a teacher knows as precisely as possible exactly what a particular child can see, it is almost impossible to plan a program utilizing that vision. Out of the 35 cases where some sort of vision measurement was recorded, only 9 were based on medical reports. The rest were either taken from teacher screening, school nurse reports, or the source was not recorded. There is little excuse for a school not having up to date ophthalmological examinations and recommendations for all of its visually handicapped children. In the case of the legally blind, accurate reports are essential because proper adjustments may mean the difference between ability and failure to learn.

At the heart of any program of integrated education for legally blind children, is the individual attention they, their teachers, and their parents receive from a specially trained teacher of the blind. It should be the job of the teacher of the blind to so interpret to all concerned those abilities, limitations, and needs of the blind student; to arrange for adjustments in the regular school program, and additional services he may need; to give him extra instruction in weak subjects and skill areas; to see that he obtains the books, records, appliances and optical aids he needs; and, generally, to insure that the student is gaining the greatest possible benefit from his school placement. Of the 47 cases interviewed, 5 are receiving the help of the resource room in Warwick, and 13 are seen on a regularly scheduled basis by the itinerant teacher of the blind employed by the State Department of Education. The remaining 29 are receiving little or no effective help. Although all but 2 of these children are known to the Division of Services for the Blind, in only 13 cases was this agency mentioned by the school. There can be no question that, at the very least, all 29 of these legally blind children are in need of consultative services. In all 14 cases, school personnel feel that the parents of the student need encouragement and help, and in 27 cases, it is clear that the schools need to have a greater understanding of the vision difficulty, of the role of the school in the child's life, and of the real abilities and limitations of the handicapped child.

Table V summarizes existing services and present needs of the 47 known blind public school children.

TABLE V

Summary of Existing Services and Present Needs of the 47 Known Blind Children in Public School

Children who:	Number	Percentage
Read regular print	17	36%
Read large type books	21	45%
Read braille	3	6%
Use recordings	1	2%
Are not reading	5	11%
Are not using the appropriate medium	10	21%
Are using recorded aids	7	15%
Are using optical appliances	6	13%
Are excused from achievement tests	18	38%
Take regular print tests	29	62%
Need large type testing	37	79%
Took written intelligence tests	17	36%
Have individual test scores	14	30%
Have no intelligence exams recorded	16	34%
Appear to be educationally misplaced	19	40%
Have no recorded test of visual acuity	12	26%
Have a recorded doctor's report	9	19%
Have vision measurements from teacher screening or nurses	26	55%
Have special help from a trained teacher	18	38%
Appear to need tutoring	14	30%
Appear to need parent counseling	23	49%
Appear to need school guidance	27	57%
Appear to need general counseling themselves	29	62%

The current State program for the education of visually handicapped children in public school is, of course, relatively new and it is apparent that an encouraging start has been made. Now may be the propitious time to establish a vigorous program of comprehensive services for each blind child in the State. The following recommendations are directed toward the implementation of this plan:

C. *It is recommended that*: the school systems of the larger cities be encouraged, through reimbursement, to establish resource rooms to serve those visually handicapped children within their jurisdiction.

D. *It is recommended that*: the State Department of Education employ: two additional teachers of the blind to act as itinerant teachers in rural areas; and one social worker to serve as counselor for partially-sighted school age children and consultant to families having pre-school children with visual handicaps.

E. *It is recommended that*: the State Department of Education request Legislative appropriation of funds, equal to *one-third* the cost of sending a blind child to the Perkins School, for every known blind child attending public school; this sum would be used to purchase books, materials and direct services through reimbursement to local communities for additional expenses incurred in the education of visually handicapped children.

3. **The Sight Conservation Classes.** The two classes in the City of Providence called "sight conservation classes" are separately considered because they deserve special attention. These classes serve a total of 18 children (6 legally blind and 12 partially sighted) in one elementary school class and one junior high school class. There is no stated policy for admission to these classes. The children in these classes learn exclusively through large type books and there is little apparent attempt to prepare them through other media, in spite of the fact that large type material becomes nonexistent in the upper grades. Many of these children could read regular print with appropriate help; yet there is but one projection magnifier for use by these two classes; neither class has any hand lenses for the students. The children in these classes are segregated in all activities; there is no effective plan for integrating these children into the life of the regular school in spite of the fact that they are later placed, without help, into the regular senior high school program. Neither teacher has received standard preparation in the education of blind and partially sighted children.

The Providence School Department leads the State in its attention to such matters as yearly ophthalmological examinations, individual intelligence testing, and medical and psychological reports.

In addition, it makes good use of other resource agencies in the City. However, the data gathered are not effectively used in planning and implementing the educational programs for visually handicapped children.

F. *It is recommended that*: the Providence sight conservation classes be converted to resource rooms; that a resource room be started at the senior high school level; that criteria be established for admission to these rooms; and that individual case records be started and maintained for each child, specifying educational goals and methods for achieving them.

G. *It is recommended that*: the State Department of Education establish certification requirements for teachers of the visually handicapped, upon the advice of the Office of the Supervisor of Education for the Blind, and that these requirements be adhered to firmly.

4. **The Perkins School for the Blind.** At the present time, 30 blind children from Rhode Island are attending the Perkins School for the Blind, at a cost of $3000 per child per year, or a total yearly cost of $90,000. Of these, one child is presently at home due to personality difficulties, 4 children are large print readers, 10 children are braille readers who could possibly attend public school with proper help, and 15 children clearly have other difficulties which make their present placement a good one. If half of the children who might attend public school did so, the State could save a total of $21,000, and if one-third of that sum were spent in providing local services for them, there would be a net saving of $14,000. There is impressive evidence that, not only does public school placement more satisfactorily serve the needs of some visually handicapped children, but such placement can, in addition, save the State considerable money.

5. **Agencies Serving the Blind.** There are two public agencies concerned with visually handicapped children: the Offices of the Supervisor of Education for the Blind in the Department of Education; and the Division of Services to the Blind in the Department of Social Welfare. There is, however, no clear cut division of responsibility and authority between these two agencies. There exists considerable duplication and overlapping of services and a clear (and sometimes not clear) conflict of philosophies between them. The resulting confusion in the minds of the children themselves, their parents, the local school systems and at the State level can only serve to diminish the quality and effectiveness of any program. Lay people in general, and school personnel in particular, must know precisely where to turn for help if a program is to be more than a mere blueprint. In order to clarify their own concepts and practices

in regard to the education of visually handicapped children and to enable them to carry them out most effectively, the following recommendations are made:

H. *It is recommended that*: the State Department of Education be designated, by law, as the official reporting agency for all visually handicapped children of school age or below. This agency shall have the responsibility of advising parents as to the most appropriate educational placement of their children and of providing the educational services that are needed by them.

I. *It is recommended that*: the Division of Services to the Blind be instructed to refer all known cases of visually handicapped children to the Department of Education. The Division of Services to the Blind shall have the responsibility of providing vocational guidance and rehabilitation services to the visually handicapped when they reach the age of fourteen upon referral by the Department of Education. In addition, the Division shall provide casework services as requested specifically by the State Department of Education.

J. *It is recommended that*: workers from both the Department of Education and the Division of Services to the Blind work cooperatively on those cases receiving both educational guidance and vocational rehabilitation services, making frequent use of multidisciplinary case conferences.

K. *It is recommended that*: a continuous effort be made by professionals in the field of the visually handicapped to increase the understanding of the public and of other professional personnel of programs for visually handicapped children, so that they may be able to give intelligent support to these.

L. *It is recommended that*: Rhode Island seek cooperative agreements with the neighboring states of New York, Connecticut, and Massachusetts in order to take advantage of the greatest opportunities and resources available in this region.

Summary and Recommendations

The State of Rhode Island has made a constructive start on a total program of providing essential services for the visually handicapped children within its borders. The next step is to organize a state-wide program that will bring these services to all of the children who need them. There are children yet to be identified as needing help and many known visually handicapped children are suffering because of inadequate service and incomplete knowledge of their difficulties. Blind children can be helped in the public schools if they are given the proper tools to work with and the specialized training and counseling they need. The following recommendations (as described in this section) should aid planners who must now seek to create a comprehensive state-wide program for visually handicapped children. These recommendations include:

A. Legal mandatory provisions for medical doctors to report cases of legal blindness to the State Department of Education.

B. Provision for all local school health departments to enumerate and report all visually handicapped children within their jurisdiction to the State Department of Education.

C. The establishment of resource rooms for the visually handicapped in all major cities.

D. The employment of two additional itinerant teachers of the blind and one social work consultant within the State Department of Education.

E. The appropriation of money by the Legislature, on a per capita basis, for all known blind children in the public schools.

F. The conversion of sight conservation classes to resource rooms in the City of Providence.

G. The creation of teacher certification requirements for teachers of the blind and partially sighted.

H. The legal designation of the State Department of Education as the official reporting agency for visual handicaps.

I. The legal designation of the Division of Services for the Blind as the agency responsible for vocational rehabilitation of the blind.

J. The implementation of a cooperative plan between the State Department of Education and the Division of Services for the Blind.

K. The encouragement of public re-education activities as a responsibility of professionals in the field of education of the blind.

L. The development of a regional pooling of resources with New York, Connecticut and Massachusetts.

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Chapter III

EDUCATION OF EMOTIONALLY DISTURBED CHILDREN

Introduction

Although there is great concern with the education of the emotionally disturbed child, little actual programming exists in the State of Rhode Island. The function of this survey became one of: examining existing community programs, assessing potential for developing new programs for a variety of large and small cities, surveying existing programs in other states, and providing a guide for future developments in Rhode Island.

In 1961, the State of Rhode Island intensified planning for public school programming for emotionally disturbed children. The Department of Education submitted a proposal for a demonstration program for these children. This program is being coordinated by the Department of Education and has the cooperation of a variety of volunteer agencies (e.g. Junior League of Providence), community leaders in education, psychiatry, and public service. It was decided that this exploration would enable the development of an appropriate blueprint for the State. The program is currently being implemented and several children have already been accepted as pupils.

Programs and Problems in Rhode Island and the Nation

East Providence has the largest and most continuing programming for these children. It currently has three classrooms, serving approximately thirty children. The children are of grade school age and the expectation is that they will be returned to the regular school program. The Assistant Superintendent has given this program considerable support and is the key person in the development of the curriculum and in providing in-service teacher preparation. This program has been in existence for approximately twenty-five years and utilizes the services of other community agencies.

Except for the East Providence classes, other programs in the State are virtually nonexistent. With the exception of two new special classes in Warwick and Coventry and the specialized settings such as at Bradley Home, there are no other formal plans or agencies to minister to the educational needs of emotionally disturbed children.

Rhode Island is one of twenty-three states with legislative provisions for the emotionally disturbed child. Nationally, there has been little impetus or initiative for the active development of programs until recently. There have been few guidelines for development and one state waits for the other to provide legitimate examples.

At this time, it is almost impossible to estimate the number of children who need these special services. Estimates range from less than 1% of the school population to 2%. Superintendents of schools in various communities consider it their number one problem; nevertheless, they find it difficult to numerically describe the size of the problem. *Action for Mental Health*, a publication of a National Commission appointed to study the issues of mental illness in the United States predicted that work with the emotionally disturbed child will be, and is, one of the prime issues of the next decade. A recent survey of *Mental Health Services in Rhode Island* also indicated the need for special attention to this group of children. A study of young children being carried out by the National Institutes of Health strongly suggests that there will be an increase in the number of emotionally disturbed children due to both population growth and certain birth disturbances that are being detected. It is plainly apparent that this is a costly problem, both for the parent and the community, and unless help is provided early these children may become entirely dependent upon the state.

In the past fifteen years, problems of working with the emotionally disturbed child have received increased attention. Prior to World War II, few psychiatric clinics or educational institutions in this country devoted work or attention to the seriously disturbed child. Since 1947 there has been increasing work with this problem. The volume of experience and the number of child psychiatric clinics have continued to grow. Improved methods of diagnosis and treatment are being developed. A variety of experiments in working with these children educationally and psychiatrically have been initiated. Some of this work has related to developing *educational methods* for these children. However, this is unfortunately, a meager area of accomplishment.

On the other hand, in various centers throughout the country, there has been excellent progress made in some aspects of care and treatment. Work in Rhode Island, although not always clearly identifiable, stands well in comparison with these programs. The Emma Pendleton Bradley Home, in Riverside, Rhode Island, has long been a leader in this field. Their service programs and research activities have provided a climate and situation in which experimental efforts can be undertaken by states toward developing their own programs. It seems apparent, with Bradley Home as a case in point, that when a *special* group has been committed to working with these children, the programs they have developed have more than usually succeeded. It has been difficult to delineate whether the success has been due to the programs or the particular enthusiasm of the leaders. It may be that both are requisite; although it must be admitted that we are uncomfortable with the vagueness of our notions.

In view of our difficulty in generalizing about successful programming we are not in positions to recommend specific action regarding legislation for the State of Rhode Island. A wiser course may be to have a five-year program for demonstration and evaluation. This period of time would allow for the evaluation of programs that could be initiated. These programs should be coordinated by the Department of Education and provide for the participation of specialists in a variety of fields whose concern is the emotionally disturbed child, i.e. psychiatry, psychology, education and social work. A demonstration program approach is initially expensive but, because of its early identification of problems, it represents a long term saving for the community.

A demonstration program would have to examine a host of areas to delineate the kinds and nature of regulations that would be appropriate.

Role of the School

The role of the school in the education of the emotionally disturbed child has evoked great discussion and disagreement among both professionals and laymen. Positions range from communities in which the school is expected to provide the majority of services to the emotionally disturbed child to those communities in which the school plays a relatively peripheral role.

Serious emotional disturbance in a child pervades all aspects of his life. It interferes with his relationships with peers and with family. It limits recreational opportunity and seriously affects educational growth. These children usually come to the attention of a variety of community agencies and professional workers long before they reach school age. Each of these agencies and their personnel have special problems in working with these children and their families. Since the nature of these disturbances invades so many areas it has necessitated meaningful collaboration among numerous specialists, each of whose specific aim may be somewhat unique. Everyone agrees that collaboration is a necessary factor in developing any program for the emotionally disturbed child but the nature of the collaboration varies with the kind and quality of the resources in a given community. One must examine what would be most appropriate for communities in this State.

So many specialists desire improvement in these children that the legitimate expectations of a school in regard to its students often can be clouded. The lack of specific guideposts in educational programming for these children adds further confusion. Each community is continually confronted with the fact that the next stage in the development of program cannot be considered until the present stage is managed. This lack of certainty makes it difficult for communities to commit themselves to specific programs of action for these children.

It is possible to define emotional disturbance from a variety of points of view. It is important that when the program is developed in the school, it be defined in terms of *educational expectations.* Emotional disturbances have different effects on the lives of different children. *If a child can function in a regular classroom he should remain there even if he has emotional disturbances.* Children should be considered for special education, in this category, only when they are unable to meet the routine educational expectations for children of their age, over a period of time, because of their emotional problems. Before one considers children for special programs all other avenues available within the community should be explored and considered. This requires that the school develop appropriate collaboration with community agencies, i.e. those agencies whose function it is to work with the emotionally disturbed. This requires that a community have such resources. Apparently, resources in Rhode Island are concentrated in the Providence area. These services are being expanded and a recent Mental Health Act seems to offer the promise of continual improvement and expansion of services. This may mean that communities will have to join together to best marshal whatever resources exist between and among them when their own resources are not sufficient. Collaboration also requires special personnel trained in understanding and integrating information from a wide variety of sources—such as psychiatry, psychology, and social work—on behalf of an educational program for a child. Currently, there is considerable question whether such specifically trained people exist in sufficient number and quality in the State of Rhode Island.

Retaining an *educational focus* in developing these programs will insure the maximum commitment on the part of educators, principals and school boards. Information from other programs has strongly indicated that, without such a total commitment on the part of key educational people in the community, special programs cannot function no matter how well conceived. Retaining the educational focus will make it easier to translate the function and meaning of the program to all people who have contact with it. Experience has shown that when a teacher is unsure about her function and role with these students with whom she is unable to work effectively, she becomes confused as to whether she is a teacher or a therapist and, invariably, her anxiety increases. This phenomenon occurs, in working with the emotionally disturbed child, when parents and professionals may want the teacher to assume a treatment rather than an educational role. This problem can be managed when there is support from the school system that reinforces the educational aspects of the teacher's role and function. It also insures continuous involvement with these programs by departments of education.

Emotionally Disturbed Children

Currently, it is difficult to assess how many children exist in Rhode Island who would profit from an educational program for the emotionally disturbed. It is infinitely more difficult to estimate the various kinds of problems these children present. Most contemporary programs service young children from eight to twelve years of age. There is no clear indication how many children of this age, with this problem, exist in the State, nor is it known how many older children require such a program. The characteristics of the children and the nature of their problems begin to specify the kinds of programs and community relationships that are necessary. In the various studies that have been reported, different types of children were studied and planned for. In some cases, these programs are for the minimally brain-damaged child, other programs are for the seriously emotionally disturbed child in institutions, and still others for the emotionally disturbed young child or the young adolescent. It becomes important for a State to consider all possibilities when developing regulations for both the different kinds of school systems involved and the variety of disturbances under this generic entity.

It is important that a child have sufficient opportunity in a regular class before he be considered for these special programs. It has already been indicated how this would require collaboration among several community resources. Consideration for these classes should require comprehensive, educationally oriented, diagnosis of the child's learning difficulty. For the emotionally disturbed child, such comprehensive diagnosis requires a psychological, educational, psychiatric and family evaluation.

When one discusses comprehensive evaluation, there is invariable confrontation with the role of the school in work with parents of these children. Programs that do exist have a broad range of attitudes toward working with parents. These attitudes range from lack of any involvement to a requirement of maximum involvement of parent with psychiatric treatment facilities.

It may be well to examine the role of the school, with respect to parents, in terms of the school's educational function. Certain areas can be specifically delineated for immediate priority. A child with a learning problem at school is a learning problem at home. Parents of these children have had difficulty in aiding them in their general learning. Programs for parents, oriented around practical methods for improving the educational climate at home, have been undertaken and have proved successful. The specific method of managing this type of program can vary in different communities. There is considerable concern that no program can be successful unless the parents are willing to make certain changes. It is possible, after a child has not been able to profit in school, to suggest to the parent that other efforts must be undertaken before the child can profit from an educational experience. At that time it would still remain the province of the parent to reject such advice.

One must also consider those situations where the child cannot function within the family or when special services do not exist in the general community. In these instances, if the family is agreeable, one must consider the use of residential programs. The Emma Pendleton Bradley Home is currently so being used to advantage by a number of states as well as within the State of Rhode Island.

Teachers of the Emotionally Disturbed

As with educational programs in general, teachers (who are able to work with the emotionally disturbed child) represent the most crucial need and key variable. Currently, there are no preparation programs that provide both practice and theory for teachers who wish to work with the emotionally disturbed child. There are a few college courses devoted to the theoretical understanding of problems confronting these children. Experience, however, has indicated that the most effective training is actual experience coupled with theory. Such experience, with minimal attention given to theoretical precepts, is available only in psychiatric clinics or residential homes, never in educational settings. There have been innumerable statements about the qualities that the teacher must possess. The specific details of these qualifications vary considerably but, in general, they indicate that the teacher must be mature and have a commitment and belief that handicapped children can and should be educated. A demonstration program would offer further opportunity to examine these important characteristics that are necessary for a teacher to have.

Improving the Learning Environment for Emotionally Disturbed Children

Emotionally disturbed children usually are unable to learn under ordinary circumstances. The task is to develop circumstances under which they can learn. There has been considerable attention given to the content, methods and administration of the learning environment. One of the major deficits shared by these children is their inability to make use of a relationship with an adult while learning. In this regard, the teacher needs special experience and training. She needs to understand the kinds of relationships with students that facilitate learning. This becomes an especially knotty problem when one has to work with a number of children with different needs. This problem raises the question of how many children should a teacher manage in a classroom. There have been an infinite number of proposals ranging from one teacher for five children to one teacher for ten. From general experience, it seems that the nature of the difficulties of the children determine the appropriate teacher-pupil ratio. If the children are severely disturbed and have different kinds of problems, a small ratio is required. When the children are less disturbed and have more similar problems a higher ratio is possible. Experimentation is plainly indicated to develop appropriate knowledge regarding this problem.

There has been discussion about the nature of the program. Proposals range from those who would like an individual prescription for each child to those who would consider a highly structured environment, providing similar programming for all children. Again, this problem must be decided by the kind of children one must manage and the kinds of supporting services that are available. However, it is clear that there must be a comprehensive educational diagnosis to delineate the specific aspects of the child's educational deficit. This diagnosis must be discussed and reviewed with the teacher throughout the course of the school year. The nature of the program can be adapted and changed on the basis of the child's actual functioning. It is on the basis of this continual review that one learns what constitutes an effective program and what "tailor made" plans must be developed for specific children.

This comprehensive review requires special personnel within the school system, personnel who are able to coordinate the variety of information about the child's deficits and the approaches to working with them. Without such coordination and support, communities seem to lose the interest and ability to effectively manage emotionally disturbed children over a long period of time.

This constant review raises questions with regard to educational goals. One general educational goal is that the child be able to return eventually to the regular classroom. The work with young children presently in progress terminates special class programming somewhere in the 11th or 12th year of the child's life. The intimation is that the child now is ready to profit from a regular classroom experience. This "lock-step" procedure may be a deterrent to more useful planning for children, i.e. other alternatives must exist. It may be that certain children require a continual and long term departure from regular school programming. It further may be that one must early consider vocational training for these children. Our greatest void in information and curricula weaknesses involves the adolescent. Generally, only residential homes have experience with these children. Communities have not undertaken unified constructive action in regard to them, have become discouraged and consequently terminate their school attendance.

The goal of return to regular classes raises a question of integrating these children into school systems. Again, our ideal is to integrate them as soon as possible into meaningful experiences with typical children. There has not been sufficient attention to and experimentation with the integration of these children with those who have other handicaps. Although one may be concerned with the possibility that this will further isolate these children from the mainstream of community life, it, on the other hand, raises the possibility that such placement may give them sufficient strength and confidence whereby, at a later point, they may be ready to return to other childhood relationships. In one sense, all of these children with handicaps face similar problems of rejection and difficulty in the school setting.

This integration should be considered as a method for maximally managing that range of children who are included in special class settings. Generally, the special class is organized on the basis of the etiology of the difficulty. If the learning difficulty is due to psychological factors one considers classes for the emotionally disturbed. If the learning problem derives from constitutional causation or cultural variables, classes for the retarded are considered. There is some experience that it is worth while to group children on the basis of their behavioral manifestations. A program dealing with similar behaviors can work with a range of children. This organization allows for consideration of a team-teaching approach for these children. There has been considerable concern that these children have difficulty learning from more than one adult. Programs that depend on *a* teacher do not give children assistance in shifting to other adults. By grouping and integrating a variety of classrooms it may be possible for children to experience relationships with several teachers during a school year.

Training Center

The development of a special training setting should be seriously considered. This center would provide impetus for stronger and lasting coordination of the numerous and complex resources that do exist in the State. The center could be a resource to provide maximally comprehensive diognosis and treatment for those communities that do not have adequate local facilities. It may meet the crucial need for constant evaluation of methods that appear appropriate with these children. Lastly, the training of personnel who are able to work with the emotionally disturbed child in school settings will remain a problem. It is clear that people tend to remain close to those places where they are trained if there is need for them. The training center could remain the key location for the continued in-service training of teachers as well as in recruiting and preparing younger and inexperienced people.

Summary and Recommendations

Several problems have been discussed and while there is not sufficient or clear information to now recommend legislation and/or regulations, it is important to examine specific conditions and management which would be most beneficial for children with emotional disturbances. A two-year pilot program has already been initiated with funds from the State and the Junior League of Providence, Inc. It will insure the cooperation of a variety of community resources and agencies. It seems that two years is an insufficient period of time to adequately understand the problems of initiating programs, developing community relationships, and experimenting with and assessing new methods. A five-year program would be more consistent with the implied goals of this pilot project. It is also clear that, if maximal benefit is to derive from a pilot or demonstration project, there be adequate funds. Although funding details would best be worked out within the Department of Education (with collaboration of those other state agencies who might be involved) it appears that the amount of money currently appropriated is insufficient.

Summary

A. In Rhode Island there is official recognition of the lack of public school programming for the emotionally disturbed child.

B. A small number of educational experiments (e.g. East Providence) and the work of some highly specialized settings (e.g. Bradley Home) indicate much can be accomplished with the emotionally disturbed child.

C. It is clear that there are a sizeable number of such children in Rhode Island and this number will continuously increase.

D. Development of a total State program requires: a commitment by the State to educate these children; a constant evaluation and examination of programs that are developed; and the conviction that, as new insights are made, programs will have to be modified.

E. A two-year pilot program has already been initiated.

It is recommended that: the most feasible way to develop insights needed for specifying realistic regulations for a state program would be to provide for a *five-year* period of demonstration and evaluation. This period would give adequate time to develop an intelligent and cohesive State-wide blueprint. A demonstration program initiated and coordinated by the Department of Education would examine: 1.) the role of the school in educating the emotionally disturbed child; 2.) the means of adequately identifying the number and nature of children who might profit from such a program; 3.) appropriate methods of selecting and evaluating these children; 4.) the necessary supportive services in the school and in the community; 5.) the necessary relation to other agencies in helping these children and their families; 6.) the necessary qualification of the teacher and other allied school personnel; 7.) the methods for and content of teaching; 8.) relationship to other special educational programs; 9.) development of a setting for the continuous evaluation of methods of teaching children and preparing school personnel.

Chapter IV

THE EDUCATION OF MENTALLY RETARDED CHILDREN IN THE COMMUNITY

Introduction

A. **Purpose of Survey.** In 1896, Providence opened what is reputed to have been the first organized special class for the mentally retarded in public schools in the United States (Heck, 1953 p. 334). It is the central purpose of this report to describe current programs for both educable and trainable mentally retarded children in the public schools in Rhode Island and, in so doing, to evaluate the degree to which the State has capitalized on more than a half century of experience in this field.

Since the passage of mandatory special education legislation in 1952, with the introduction of dedicated (if limited) leadership in the Special Education Branch of the State Department of Education, as well as with the developing special education program at Rhode Island College, the number of such classes has grown rapidly. During the school year 1955-56, there were 22 classes for the educable mentally retarded and 11 classes for the trainable mentally retarded in this State; during the school year 1959-60, there were 73 classes for the educable mentally retarded and 21 classes for the trainable mentally retarded; during the school year 1961-62, there were 104 classes for the educable mentally retarded and 29 classes for the trainable mentally retarded. Although this growth has been remarkable and most encouraging, it is estimated that, at a minimum, approximately 4,000 children in the schools in this State are mentally retarded. The discrepancy between the number of those children presently in special classes (1,600) for the mentally retarded and the aforementioned estimated enrollment in all types of regular and special classes, becomes more serious when it is noted that this estimate is based on a 2% incidence of mental retardation. It should be pointed out that, according to the American Association on Mental Deficiency *Manual on Terminology and Classification* (Heber, 1959), this 2% estimated incidence is painfully minimal. In fact, when applying their new definition of "mental retardation" to a normative population, it is possible to include as many as 16% of any school population (and as high as 30% to 40% in certain so-called culturally deprived areas while, on the other hand, as low as 1% in certain other culturally enriched areas) as being theoretically eligible for special classes for the mentally retarded (Blatt, 1961).

It would be relatively simple to analyze, in greater detail, the numbers of children in the various special class programs in the

State and compare these against estimated incidences, be they 2%, 3%, or 16%. However, this approach would not bring us closer to what appears to be the heart of the problem in Rhode Island. In addition, from simple empirical evidence, it appears that Rhode Island is providing special class education for approximately as many of its mentally retarded children as are other areas in the country. For example, New York City, with its school population of about one million, has a special class enrollment of approximately 12,000 as compared with its estimated incidence of 20,000 a situation not strikingly discrepant with conditions in Rhode Island. The question to which Rhode Island must address itself is: To what extent are current programs for all eligible mentally retarded children concordant with those minimum educational opportunities that any civilized society assigns itself to provide for all of its children?

B. **Overview of the Report and Definition of Terms.** This report concerns itself with three issues: An appraisal of reasonable scholastic, vocational, and social expectations for mentally retarded children who have had the benefit of special education services; an empiric analysis of special education programs for the mentally retarded in Rhode Island; recommendations for narrowing those discrepancies between more or less agreed upon goals and general practice.

In view of the fact that State Department of Education regulations governing reimburseable classes for both educable and trainable mentally retarded children do not specifically define mental retardation and do not describe criteria for admission to such classes, other than in most general terms, in the interest of clarity the following definitions may substantially reduce needless confusion and ambiguity. As this writer recently reported:

> It is plainly apparent that any definition (especially one predicated on the use of I.Q. or Sigma Score, however high, however low) can be repugnant to the clinical group which is much more concerned with the condition of the individual rather than with the tag he is given and which is often forced to witness the results of its carefully executed differential diagnosis and prescription education reduced to a series of meaningless labels and administrative expediencies. It is equally apparent that more important than the definition is the series of accompanying statements that reduce needless debate and misunderstanding. It does appear paradoxical that although, on the one hand, the uncritical acceptance of the I.Q. score as the basis for terminology is usually anathema to the more enlightened professionals and merely results in irrelevant name calling, on the other hand, the most scrupulous avoidance of this pitfall is, in strict reality, fatuous and the "pigeonholing" eventually occurs. In fact, severe restrictions in using terminology may well deprive the profession of a most valu-

able tool—the symbol. Therefore, for various reasons, both good and bad, terminology is demanded. (Blatt, 1961, p. 50)

1.) Mental retardation, hereafter, used as the generic referent, is manifested in sub-average general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior. (Heber, 1958; Blatt, 1961)

2.) Educable mentally retarded children function at the time of school evaluation: on a psychometric level (as measured by standardized and clinical tests) that is characterized by general inability to succeed in school related tasks; on an academic achievement level (as measured by standardized and informal tests) significantly below average age performance; without necessarily being impaired in either maturation or social adjustment; and, insofar as is determinable, with learning limitations not associated with symptoms of primary personality or sensory deterioration.

3.) Trainable mentally retarded children function at the time of school evaluation: on a psychometric level (as measured by standardized and clinical tests) that is characterized by general inability to succeed in all problem solving tasks; on an academic achievement level (as measured by standardized and informal tests) without discernible usable skills; frequently impaired in both maturation and social adjustment; and, insofar as is determinable, with learning limitations not associated with symptoms of primary personality or sensory deterioration.

C. **Philosophy of Special Education for Mentally Retarded Children: Minimal Essentials and Major Goals.** Underlying the aforementioned definitions is the assumption that the mental retarded are not a homogeneous group of children. Derived from both analyses of the research literature and our own current investigations (Blatt, 1960; Blatt, 1961; and Garfunkel and Blatt, 1963), we can conclude that mental retardation is not a disease entity; in fact, the most that can be said is that the retardation is symptomatic of an insult to a child—either of pre, para, or postnatal genesis. There is impressive evidence that the role of cultural and psychological variables in the causation of mental retardation has been greatly underestimated. There is equally impressive evidence that children who are mentally retarded due to etiologies associated with central nervous system disorders are, in several important ways, different from children who are mentally retarded due to "cultural-familial" retardation. This is neither the place nor the time to debate the relative merits of nature and nurture in the causation of mental retardation. However, it would be good for us to briefly consider two terms, not intrinsically central to our understanding of nomenclature for the purposes of this report, but vitally important for a clearer perception of minimal essentials and major goals relevant to programs for the mentally retarded:

1.) Mental retardation due to an *organic etiology* gives rise to a deficient mentality that originates at or shortly after birth, that has been found to be incurable and irremediable, that results in social inadequacy, and is concomitant with recognized central nervous system pathology.

2.) Mental retardation due to a *functional etiology* gives rise to a non-attended mentality (i.e., an intellectual capacity blunted by neglect, carelessness, or default) that originates during the developmental period, that is characterized by insufficient or inefficient attention to mental development during that period, that is subject to possible reversibility, that generally results in social competency, and is concomitant with either the absence of central nervous system pathology or such minimal pathology as not to preclude eventual typical social and psychological functioning.

In summary, those issues that give rise to clearer understanding of and agreement with minimum essentials and major goals, relative to programs for mentally retarded children, are intimately related to: how one views the generic condition (functional); how one assigns levels of etiological significance (variable), and how one reacts to non-medical as well as medical programs for prevention and remediation (optimistically). We have stated frankly, if not as clearly, our views concerning etiology, terminology, and possibilities for prevention and remediation of mental retardation. The following minimum essentials and major goals relative to special programs for mentally retarded children are but reflections of those convictions:

1. *Minimum Essentials.*

a.) Early helpful diagnosis and prognosis for all children with learning problems. The diagnosis is not a method to pin a label on a child; it is a description of that person's characteristics, needs, and aspirations. The diagnosis must offer suggestions for action and for alternative programs; special education is not the only program possibility (even for children who are mentally retarded). The I.Q. score, symptomatic of the learning problem, is a small and important part of the diagnostic process; it is not derived from a powerful or accurate enough instrument to reveal the nature and needs of a particular child.

b.) Early educational intervention for all children with learning problems or who reside in certain cultural areas that are characterized by high incidences of school failure. Special programs must be designed for pre-school children who are mentally retarded due to an organic etiology. The purpose of these programs should be to remediate or ameliorate those deficiencies that are reversible and to circumvent those that are not. For those of our colleagues who are somewhat pessimistic about the feasibility of this recommendation, the life of Helen Keller speaks volumes. Separate programs should be organized for pre-school children who come from families that are conventionally labeled as "culturally-deprived". That is, these children are members of families, usually of a "lower class", where there are high incidences of mental retardation characterized by an absence of demonstrable central nervous system pathology. Research, in which the writer is currently engaged, strongly suggests that it is erroneous to conclude that intellectual limitations of the so-called "familial retarded" are basically inherent; it appears that if these children are found early enough and placed in an environment where they can succeed, many of the difficulties that they would experience in the academic setting, both in terms of learning and adjustment, would be noticeably eliminated. Certainly, research of the kind that investigates possiblities for preventing mental retardation within this group should be given priority in any total program for the mentally retarded.

c.) The special class program, among the last (not first) resorts, should be available both to those children who are unable to profit sufficiently from pre-school programs and to those children who are not diagnosed as mentally retarded during the early years. The special class program should be based on: realistic curricula which reflect an emphasis on developing independent problem solving behavior consistent with the ability of the child; and which reflect the commitment to the central goal of special education for the mentally retarded i.e., the nurturing of each individual's abilities to prepare him for a productive and satisfying life.

d.) Open doors. Each child should be given every benefit of the doubt and as the doors are open for children to enter special classes at many points during their school careers so, too, the doors should always be open for them to return to the regular grades. As we develop new models and techniques for circumventing and remediating educational problems, more children will confront school authorities with an implicit challenge for reassessment of their achievements and capacities. The Higher Horizons Program in New York City is a cogent example of what may be accomplished in these ways with positive convictions and ingenious techniques. Commitment to the essential opportunity for all to enjoy the "privilege of open doors" may be the most powerful instrument to reduce those educational decrements that are found in such discouraging abundance.

e.) Extended opportunities beyond formal education. Opportunity to learn should be available to all, even beyond the normal years of public sponsored education. There are mentally retarded children who find the need for new insights and learnings well beyond the time when they had opportunity for such education in the public schools. Evening school and other types of appropriate adult education should be made available to these individuals. The impressive study by Ginzberg and Bray points out the benefits accrued from capitalization on the maturity and motivation of adult illiterates, with or without mental retardation (Ginzberg & Bray, 1953).

f.) The special education program should prepare the child for a productive and satisfying life as an independent (or in the case of some trainable children, as a dependent) citizen. Especially in secondary programs for educable children, attention should be given to: analyses of possible vocations, analyses of strengths and weaknesses of individual children, and preparation in both the manual and non-manual areas associated with particular vocational choices. There should be a vocational placement office within the local special education department. This office should be responsible for: coordination of school—work programs, placement of children on particular jobs, follow-up of former students, articulation of school programs with services of other agencies, e.g., the Office of Vocational Rehabilitation. Lastly, there should be restorative as well as maintenance programs in the vocational areas. There is no doubt that retarded persons, as do university professors, have representation among populations in need of rehabilitation services. To habilitate in its broadest sense (i.e. to bring to fruition) is a developmental task requiring: early attention to the *normality* of the individual, an environment that is conducive to growth, and therapeutic (or rehabilitative) influences when and where needed. Those services, to which all individuals are entitled, for the maintenance of their physical, personality, and vocational uniqueness and the realization of their potentialities, include vocational rehabilitation (or restoration) as one aspect of the total habilitation process.

g.) Social Development. An educational program which encourages students to: offer suggestions, engage in varieties of responsibilities as part of the teacher's intent to provide another learning opportunity, help each other and share during activities, and make evaluative statements regarding their own work, is providing an environment where children may develop the social as well as intellectual skills needed for economic and social independence.

The aforementioned minimum essentials for an adequate special education program implies, but does not discuss, a crucial variable: teachers, their characteristics, qualities, and professional preparation. In view of the signal importance that we assign to this matter, it has been decided to attend to this as a separate topic of this report.

2. *Major Goals.* Related to the previously discussed minimum essentials, are the following goals which we consider to be major,

and reasonable, insofar as special programs for mentally retarded children are concerned:

a.) Those children who have been differentially evaluated, realistically and conscientiously educated, who have been afforded all known programs and therapies to circumvent, ameliorate or prevent the learning difficulty, can be expected to achieve a level of scholastic, social, and vocational proficiency commensurate with their abilities. An implication of the above goal is the conviction that we can substantially reduce the number of mentally retarded children being presented as problems to the public schools and other agencies.

b.) Those children who have received an adequate special education program (i.e. have been taught and practiced those essentials needed for a productive and satisfying life), have been afforded the benefit of specialized placement, and have had available to them those normal habilitation and rehabilitation services, can be expected to secure, hold, contribute, and "grow" within an occupation or sheltered employment.

c.) Those children (educable) who have received the benefit of our best and most enlightened professional services can be expected to become relatively indistinguishable (normal) as contrasted with other citizens within their community.

D. **Systematic evaluations of special class programs for mentally retarded children.** A great deal has been written and said relative to the effectiveness of special class programs. There are those who contend that this is the best type of placement for mentally retarded children; some even go to such lengths as to equate special education programs with the model of all that can be labeled "panacea". On the other hand, there are those who claim that special class placement should be avoided; it is undemocratic, it is often a disguised (or undisguised) dumping ground and, in general, there is very little to recommend here and a great deal to be wary of. There are those who take no position relative to the merits of special class placement; in view of the different sets of opinion surrounding this issue and, as will be shown later, the rather confusing research literature bearing on the problem, some may feel there is special virtue in not doing anything about this problem until there is more light shed on the issue. Unfortunately, doing nothing about a problem affects that problem in as sure a way (if not the same way) as doing something about it. As long as we have mentally retarded children in our public schools, whether we place them in the special classes or permit them to remain in the regular classes—or at home—we will be affecting the lives of these children in a very real and important way. Therefore, although the issue itself is vague, the problem is a confusing one, promising solutions are few and methods of solutions are very knotty, solve we must the problem of proper placement for children who are so handicapped. There is no doubt that the vagaries of the issues and the vices perpetrated in the name of "truth" or "best interests" are often based on special prejudices and biases. Too infrequently, we ask this question: To what degree do special classes help the mentally retarded in a way that regular classes do not?

What do we now know to be reasonably accurate insofar as the relative merits of special and regular classes for mentally retarded children? Although this discussion may not reason prejudice out of an individual (for it was not reasoned into him) it may clarify, for those who are more or less open minded, the issues and our present position.

1. *The regular grades as they now exist are not proper placement for mentally retarded children.* Our own experiences and clinical judgment (or should we say "intuition") lead us to regard the above statement with conviction if not comfort. In addition, there are a few studies that appear to bear out this belief, the most noteworthy of which is Johnson's report of 1950, "A Study of the Social Position of Mentally Handicapped Children in the Regular Grades". However, although Johnson did demonstrate that mentally retarded children were both rejected more and accepted less in the regular grades, we do not have any clear notion as to whether these phenomena would be any less true of retarded children in special classes (which leads us to point "b").

2. *The research that has been completed does not clearly indicate the superiority of special class placement.* The early studies by Bennett (1932) and Pertsch (1936) comparing mentally retarded children in regular classes with mentally retarded children in special classes found that the children in the special classes did poorly in physical, personality and academic areas when compared with those children in the regular classes. Research by this writer (Blatt, 1958) was the first replica study, roughly analogous to Bennett and Pertsch's. This writer, evaluating special class and regular class placement for children who were educable mentally retarded, found that both groups did not differ significantly in physical, personality, and academic status. Cassidy and Stanton (1959), Johnson (1961), and Mullin and Itkin (1961) all conducted projects that were somewhat isomorphic with the aforementioned studies and reported results that were, at best, inconclusive; i.e. it has yet to be demonstrated that by placing educable mentally retarded children in conventional special classes we are now meeting their needs in ways that regular class placement cannot. Two studies relative to the effectiveness of special classes for trainable mentally retarded children have been no more successful in demonstrating

the superiority of special class placement (Cain and Levine, 1961; Dunn and Hottle, 1958). Cain and Levine base their study on the assumption that the dominant objective in enrolling trainable mentally retarded children in school is to provide for the development of social competence. They predicted that trainable retarded children who attended either institutional or community school programs would show greater increments in social competence than trainable children not attending school programs. Their investigation disclosed:

> There was a significant increase in the social competency development for the community children attending public school classes and for community children not attending such classes. However, the rate of social competency development did not differ between these two groups of children. There was a significant decrease in the social competence scores for the children residing in the institution. This decrease in scores did not differ for the school and non-school children. It was concluded that the public and institutional school programs, as they are now conducted, do not foster the social competency development of trainable retarded children beyond that of children not attending such programs. (Cain and Levine, 1961, pp. 151-152)

The Peabody study, employing a somewhat different design, arrived at a conclusion strikingly similar to the aforementioned later project in California. "Thus it must be concluded that little evidence has accrued to support the contention that day class training for trainable children as presently constituted, is effective." (Dunn and Hottle, 1958, p. 24.)

In summary, evaluations of special class programs, for both trainable and educable mentally retarded children, do not clearly indicate the benefits derived from this particular type of educational intervention.

3. *Critical analyses of comparative studies.* Cowen (1938) and others (Blatt, 1958; Johnson, 1950) have questioned the validities of both Bennett and Pertsch's studies:

> In both studies, the retarded children, who were chosen from the regular classes, were mainly selected from schools that have special classes too. The regular class children may have been basically superior, although equal in intelligence, to the special class children or they too would have been chosen for special class placement. Therefore, in view of the possibility that special class placement is determined by personality, drive, school achievement, and physical ability as well as by intelligence, it is possible that, in any one community which has special classes, the retarded child found in the special class will not compare favorably with the retarded child in the regular class. (Blatt, 1958)

This writer's study was based on the selection of retarded children attending regular classes in towns that did not have special classes. In addition, had these towns subsequently inaugurated special class programs, the regular class retarded children would have been the first to be enrolled as all were identified, previous to this study, as being mentally retarded and in need of special class education, had it been available.[1] Although this writer was able to correct for the sampling weakness of both Bennett's and Pertsch's studies, Stolurow (1961) summarized the procedure of a new study by Goldstein that was designed to obviate weaknesses that numerous aforementioned studies purportedly had (including the one directed by this writer in 1956). In summary, the early studies by Bennett and Pertsch exhibited marked methodological deficiencies that were somewhat corrected by this writer. Numerous later replica studies substantiated findings that the degree of effectiveness of special class programs for mentally retarded children is still beclouded and inadequately studied. More recent methodological refinements of the type of research here discussed may lead to clearer understanding of the problem. However, from insights derived through evaluations of the early literature, this writer's own investigations and subsequent studies, what appears to be needed are not studies replicating those described. It is our conviction that, at this point in the development of special class programs for mentally retarded children, what is plainly indicated are studies that describe what takes place between teachers and children in special classes. Descriptions of this type may provide us with clearer data relative to curricula operant in special classes; i.e., the strategy of this investigation was to find means to describe what is happening in these classes rather than to evaluate what has happened; the alternate strategy can only lead to a continuance of confusion.

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[1] For those readers interested in the logistics of this particular type of research, it may be well to read this writer's article in the February, 1962 issue of the *Training School Bulletin* as well as the article by Stolurow in the August, 1961 issue of the *Training School Bulletin.*

Mentally Retarded Children in Rhode Island

A. Data Collection. The particular method employed in assessing programs in mental retardation was straightforward and uncomplicated with emphasis focusing upon descriptions of the content of special class programs. It was decided that most helpful to us would be clear understanding of things that were actually taking place among teachers and children in these classes. We were always more concerned with the observable facts than we were with stated or written programs. However, we were anxious to interview those people most intimately concerned with special class programs in order to elicit feelings, expectations, morale, and philosophy. In this regard, we felt that the most essential person to interview would be the teacher of the class that we observed. No doubt, there can be criticism leveled against us for "taking the teacher's work for things". For example, school administrators may legitimately question the understanding that many teachers have (or do not have) relative to total programming for exceptional children. It can be argued that if one wishes to find out about such matters as placement of children, parent counseling, or curriculum development, it would be far better to interview the school superintendent, the elementary coordinator of curriculum or the director of special education. However, it was felt that the perceptions of the teacher, correct or incorrect, related directly to programs offered children. By this we mean, it is relatively unimportant whether there is or is not a curriculum available for the town; if the teacher does not think there is a curriculum available, for practical purposes there is none. For this one reason, most of our efforts in this phase of the survey were concentrated on observing classes for the mentally retarded and interviewing teachers in these classes. However, in addition to the above assignment, this writer interviewed seven of the nine persons in charge of special education in local school systems in the State; he spent five full days discussing special education programs with Paul Sherlock, Supervisor of Special Education in the State Department of Education; and Dr. Harry Novack, Professor of Special Education at Rhode Island College; on three occasions he met with Edward Wilcox, Associate Commissioner of Education, State Department of Education, to discuss legislation and recommendation; he met with President William Gaige of Rhode Island College; he interviewed principals of elementary and secondary schools, several superintendents of schools, a number of school psychologists, some regular grade teachers, and children attending special classes. However, the heart of this report derives from his observations of special class programs and his interviews with teachers of the mentally retarded.

The immediate problem confronting the writer was one of determining means whereby data could conveniently be collected that describe these programs.

A perusal of the literature revealed that an instrument meeting all of the following requirements was not to be found:

1.) It should be designed for use with special classes for the mentally retarded.

2.) It should describe what is taking place among parents, administrators, teachers and children in these classes.

3.) It should pose questions that are answerable during the course of one observation session.

4.) It should be easily managed by the observer and be relatively free of ambiguous questions.

5.) It should make provision for both quantitative and qualitative evaluations of the class.

"Promising" questions, culled from the literature, plus a variety of suggestions elicited from colleagues; facilitated the construction of a prototype schedule. This schedule was tested in five special classes and first revised during the early Spring of 1962. Two later revisions were required in order to reduce ambiguity, duplication and complexity of the instrument. The "test" observations were equally important in revealing items for inclusion that, previously, had not been perceived by the writer.

This schedule was used, paying particular attention on the following guidelines:

1.) All items were studied carefully prior to the first visit.

2.) Each superintendent, principal, and/or teacher was notified prior to a visit (whatever protocol was operant locally was observed).

3.) Teachers were observed, insofar as possible, for a minimum of one hour. Several teachers were observed for much longer periods.

4.) Separate interviews were planned with teachers, (and often principals) after observations, with particular attention given to pertinent items of the schedule.

5.) Time was reserved immediately after each observation and interview for the interviewer to record "Additional Comments and Impressions". For this, the use of portable dictating equipment was found to be very helpful.

It should be mentioned that we are unable to furnish the reader with reliability or validity coefficients relative to this schedule other than to submit the rather weak and innocuous statement that the schedule does appear to have so-called "face validity". Inasmuch as the schedule was constructed, and all of the ratings obtained, by one individual, it is inconceivable that biases were not manifest. However, this schedule, while reflecting biases, also contains what, in our considered judgment, represents those items that are essential to evaluations of these programs. In order to further check the reasonableness of the observation schedule items, correlations of every item with every other item were computed and the overall configuration of the qustionnaire analyzed. Although we will not report on item analyses of the schedule, as this is an inappropriate time for discussion of refinements of validity and reliability coefficients, we are satisfied that, for the purpose for which it was constructed, the observation schedule is suitably effective. In all, fifty classes were observed and their teachers were interviewed. Five classes were observed in order to develop the prototype and present schedules; two classes were visited during periods when children could not be observed easily or when the teacher was not present. Therefore, of the total fifty classes visited, forty-three will be reported on for the purposes of this survey.

B. **Overview of Characteristics of Mentally Retarded Children in Rhode Island.** Tables I and II deal with characteristics of all classes for educable and trainable children in the State as compared with the survey classes. An examination of these tables clearly shows that the classes observed in the survey compare well with the total number in the State on both "class designation" and "location". Section A of Table I highlights the lack of clear-cut secondary programming for educable mentally retarded children. Section A of Table II calls attention to the problem of "wide age range" grouping of trainable children, i.e. placing children in such classes with age ranges of five, six, seven or more years. Section B on Tables I and II illustrate the preponderance of programs in the Providence area and the scarcity of programs in the Western part of the State.

TABLE I

Characteristics of All Educable Mentally Retarded Classes in Rhode Island as Compared with Survey (35) Classes

Characteristic Areas	In Percentages Rhode Island	Survey
A. Class Designation		
1. Primary	17	17
2. Intermediate	21	28
3. Junior & Senior High School	15	23
4. Primary & Intermediate	15	20
5. Intermediate & High School	11	12
6. Wide Age Range	6	0
7. No Designation	14	0
B. Class Location by Region		
1. Northern	14	22
2. East Central	47	43
3. West Central	9	9
4. South Western	10	0
5. Mid Eastern	6	9
6. South Eastern	14	17

TABLE II

Characteristics of All Trainable Mentally Retarded Classes in Rhode Island as Compared with Survey (8) Classes

Characteristic Areas	In Percentages Rhode Island	Survey
A. Class Designation		
1. Primary	10	37
2. Intermediate	4	13
3. Junior & Senior High School	17	37
4. Primary & Intermediate	19	0
5. Intermediate and Jr. High School	28	13
6. Wide Age Range	22	0
B. Class Location by Region		
1. Northern	16	25
2. East Central	60	62
3. West Central	4	0
4. South Western	3	0
5. Mid Eastern	5	0
6. South Eastern	11	13

Table III is interesting in that it calls attention to one very important problem, the shortened school day for 93% of all trainable children in public school classes and, surprisingly, 26% of the educable group.

TABLE III

Characteristics of All Trainable Mentally Retarded School Children in Rhode Island as Compared with All Educable Mentally Retarded School Children

Characteristic Areas	T.M.R.	E.M.R.
A. Mean Chronological Age (in years and months)	16-0	11-7
B Length of School Day (in %)		
1. Three hours	93	26
2. Four hours	3.5	7
3. Five hours	3	43
4. Six hours	.5	4
C. Mean Time Interval Since Last Psychometric Exam (in years)	1-9	2-2

Analysis of all classes for mentally retarded children in Rhode Island indicates that:

1.) Classes for both educable and trainable children appear to be concentrated in the greater Providence area and appear to be lagging in development in other parts of the State, especially along the western border.
2.) There appears to be a dearth of bona fide secondary programming, especially for the educable mentally retarded group.
3.) The three hour school day for the overwhelming majority of trainable children and a significant percentage of educable children should receive careful study.

C. **Analysis of Lessons Observed.** The following section represents an overall evaluation of special classes in Rhode Island based upon the evaluations of forty-three classes observed.

1. Details of observed lessons and general learning environment. Of those lessons observed, 19% of the teachers used no materials of any kind; 65% of the teachers used such materials as textbooks, workbooks, and other commercial resources; 16% of the teachers relied upon both commercial and teacher-prepared materials. The writer judged that in 40% of the lessons observed, the materials were not adequate for the particular pedagogical objective.

Forty-two percent of teachers observed exhibited no or little preparation for the lessons taught; 56% appeared to have minimal preparation; and 2% of the teachers appeared to be well prepared. The observer estimated that 51% of the teachers were not adequately prepared to teach those lessons they did.

Insofar as teacher-pupil planning was concerned, in 49% of the classes the room contained evidence of such planning; in only 2% of the classrooms could one clearly determine prior and present activities of the class from examination of charts, pupils' work, exhibits, books and other materials. Overall, 21% of the total number of lessons observed were clearly inadequate; 60% were minimally adequate; and 19% were clearly adequate. It seems important to ask why, in only 19% of the cases were presentations by teachers effective with pertinent material manifest? The following may bring some insight to the problem:

> In 88% of the cases developmental skills were presented in sequences that were either unknown, not clear, or unobserved; in 63% of the cases provision for differentiation of abilities of children was not clear to the observer or was not observed; in only 16% of the classes observed were students actively encouraged by the teacher to offer suggestions and were deliberately given responsibilities (as part of the teacher's intent to provide another learning opportunity rather than to get a job completed); in only 12% of the classes observed were students

encouraged to help each other and share during activity and in 70% of the classes students were neither encouraged nor discouraged from helping and sharing; in only 12% of the cases did teachers make both general evaluative statements to the class as well as specific evaluative statements to individual children; in 91% of the classes observed, teachers did not, in any way, summarize lessons at the completion of the period.

Tables IV and V summarize ratings of teachers and children in the learning environment.

TABLE IV

Summary Ratings of Teachers in Learning Environment

Rating Areas	Ratings in Percentages Poor (1)	Fair (2)	Average (3)	Very Good (4)	Superior (5)
A. Teacher's Ability	16	30	43	12	0
B. Teacher-Pupil Relations	0	19	40	30	12
C. Classroom Management	5	7	44	33	12
D. Learning Environment	9	30	35	16	9

N = 43
M = 3.06 (sum of above numerical ratings + 4)

TABLE V

Summary Ratings of Children in Learning Environment

Rating Areas	Percent "yes"
A. Children spontaneously go to teacher for help	81
B. Children spontaneously go to other children for help	58
C. Children appear relaxed	84
D. Children appear to enjoy school	79
E. Children appear to like teacher	93
F. Children appear to understand the purpose of class	51
G. Children appear to accept their placement in class	74
H. Children are often involved in activities with other pupils in school	26
I. The school administrators appear to understand and appreciate the purpose and accomplishment of children in class	74
J. The other teachers in school appear to respect the worth of each child, regardless of class placement or ability and appear to understand the contributions that special classes can make in educating retarded children	63

N = 43
M = 3.41 (sum of "yes" answers ÷2)

Analysis of observed lessons and environment indicate that:

a.) Forty-six percent of teachers observed were rated below average in ability, i.e. their technical skill in teaching.

b.) The great majority of teachers appear to have good relationships with children and manage their classes effectively insofar as routines and discipline are concerned.

c.) Other encouraging conditions are: children appear to be relaxed in school and seem to like their teachers; they appear to enjoy school very much; most school administrators appear to be sympathetic toward the special class program and seem to appreciate the purposes and accomplishments of children in these classes; most of the regular grade teachers appear to be receptive to placement of children with mental retardation in schools where they teach.

d.) Other discouraging conditions are: special class children are rarely involved in activities with other pupils in the school; children are not given opportunities to practice cooperation and sharing; there do not appear to be consistent attempts to adequately group children for developmental and functional activities; in general, teachers seem weakest in methodological skills; although, not the majority, a significant number (19%) of teachers do not appear to be sympathetic and understanding of the problems confronting children in their charge.

2. *Major problems interfering with the teacher-learner relationship.* The aforementioned lessons, plus interviews with each teacher observed as well as with numerous other personnel previously listed, indicate the intrusion of two significant problems that are interfering with relationships among teachers and children.

a.) Diagnostic services available. Table VI summarizes diagnostic and placement procedures characteristic of special classes observed. It also summarized the type of consultive and supervisory aid available to teachers.

TABLE VI

Summary Rating of Diagnostic and Placement Procedures and Extent of Consultive and Supervisory Assistance

Rating Areas	Percent "yes"
A. *Evaluative Material: Diagnostic and Placement*	
1. Psychological report available for each child	40
2. I.Q. score available for each child	86
3. Diagnostic medical report available for each child	9
4. Cumulative academic folder available for each child	74
5. Family study available for each child	5
6. Observational reports kept for each child	16
B. *Placement Procedures*	
1. Placement made on basis of team evaluation	7
2. Parents consulted prior to placement and counseled concerning nature of child's school problems	91
3. Child's prior teacher consulted and visited by receiving teacher	19
4. Placement into advanced class (from present class) made after visitation to receiving school	19
C. *Teacher Use of Evaluative Data*	
1. Established parent counseling program operant	9
2. Established referral procedure operant (consistent method, forms, use of summarizing class personnel sheet, and other indices)	58
D. *Consultive and Supervisory Assistance*	
1. Teacher able to request consultant aid (e.g., psychiatrist, psychologist, other specialist)	79
2. Teacher receives consistent and planned supervision from specialized personnel (e.g., director of Special Education)	51
3. Teacher receives supervision from school principal	28

N = 43

M = 1.98 (sum of "yes" answers + 3)

Analysis of the above table indicates that:

1.) Psychological reports are frequently not available to teachers; rarely are diagnostic medical reports or family studies available. The problem is compounded by the infrequent use of observational data.

2.) Placement of children in special classes rarely is made on the basis of team evaluation; children's prior teachers rarely are consulted or visited by the receiving teacher; placement is almost entirely dependent upon results from an intelligence test given to the child.

3.) In only 9% of the classes are established parent counseling programs operant.

4.) In only half of the classes do teachers receive consistent and planned supervision from specialized personnel; and in only 28% of the classes do they receive any type of supervision from school principals.

b.) Professional competencies of teachers and extent of local encouragement and support. Table VII describes the quality of lessons observed and implies the type of local support and encouragement given to teachers.

TABLE VII

Summary Rating of Quality of Observed Lesson(s) and Curriculum Emphasis

Rating Areas	Freq. "yes"	% "yes"
A. *Lessons*		
1. Reflect an emphasis on developing a degree of independent problem solving behavior consistent with ability level of class	14	33
2. Use rote learning assignments and drill as supplements to above conception rather than as central purpose of lesson	13	30
3. Encourage a degree of individuality in developing methods to complete assignment, insofar as possible, considering ability level of class	11	26
B. *Curriculum Guide and Plan Book*		
1. Curriculum Guide is provided by locality and is available for teacher's use	14	33
2. Curriculum Guide is helpful to teacher and is consistently referred to	5	12
3. Plan book is available and up to date	13	30
4. Plan book is used to the degree that it reflects the activities of the class	8	19
5. Individual lesson plans available and used	1	2
6. The curriculum (or activities observed when a curriculum isn't available) reflects a developmental concept of learning	9	21
7. The plan book and individual lesson plans (or activities observed) reflect the teacher's commitment to sequential learning and an awareness of the relationship between developmental and functional activities in the special class	6	14

N = 43
M = 1.12 (sum of "yes" answers + 2)

Analysis of the above table indicates that:

1.) The majority of lessons observed do not facilitate or encourage independent problem solving or individuality in developing methods to complete assignments; lessons appear to be mechanistic in character and stereotyped.

2.) Local leadership has not seen fit to develop curriculum guides that teachers can use effectively; nor have local supervisors required that teachers plan their daily work. The quality of observed lessons and the extent (or lack of it) of teacher planning and preparation indicate little attention to long range curriculum goals and objectives.

D. **Discussion.** The following problems, illustrated with examples observed in classrooms, may summarize our major concerns relative to special class programs in Rhode Island:

1. *Approximately half of the teachers have serious deficiencies in both the method and content of their presentations.* In one primary educable class, in a small town in the mid-western section of the state, the writer observed the following lesson:

> Three of the children in the class were engaged in an activity with the teacher which the observer never quite understood. The other three children in this class of six were either playing or loitering about the room for at least thirty-five minutes; two of these three children were, in addition, disturbing the teacher and other children in the class. After this lesson, the teacher gave the three children some coloring work from commercial stencils; then they did addition examples on the stencils. After this activity the teacher asked, "Would you like to write to 50 today?" All of the group said, "No!". The teacher then asked, "Would you like to write your spelling words?" To this suggestion, the children agreed. The teacher hurriedly went over the spelling words with the children and then said, "Now I'll give you paper and you'll write your spelling words three times each." The children again said, "Oh, no!"; but the teacher insisted that they write the spelling words three times. After some of the children had finished this, the teacher then said, "Do a page in your arithmetic workbook" (the children again groaned). During this entire period, the three children who were not receiving any assignment from the teacher continued to amilessly wander about the room.

In another lesson, for an intermediate educable class in a rather large city in the mid-eastern part of the State, the entire class was engaged in "telling time":

> The teacher began by saying, "I am going to set the clock at a particular time and you are going to write the answer".

> "I can't do it" said two children. The teacher ignored these statements and went ahead as he planned. The two children who said they could not do this lesson began to talk with each other and one boy rose and walked around the room. The teacher noticed him and said, "I'll have Mr. ——— give you twenty pages of spelling if you do not sit down". The two boys sat down and remained quiet for about a minute or two and then began talking to one another again. The teacher explained what he was doing; "Six thirty is when the big hand is on the six and the small hand is on the six. All of you children repeat this after me." The bell rang soon after and the children lined up to go (in a very chaotic manner). As the children were leaving the teacher asked one child to remain behind so he could explain the clock lesson to her. The teacher then proceeded to explain the lesson, taking approximately ten minutes. Finally, the girl said, "Mr. ———, I'll never get back to my home class; it's 12 o'clock." The teacher ignored this and continued with the girl until, finally, when she was practically in tears, he told her she might go.

Teaching "time" in special classes is a recurring theme. In few instances, did the observer note that the teacher viewed the problem of "time" as a very complex one for young children. The mystery of being able to look at one's watch and say, "Now it is time to go to bed" or "Now it is time to have lunch" has been solved to the teacher's satisfaction and apparently he feels that children are equally cognizant of "time" as a concept.

The writer observed another primary educable class in a medium size city on the eastern border:

> A group of children, during an arithmetic lesson, used the book *Number Adventures.* This group used a third grade workbook and, as the writer walked about the room, he saw another group with a fourth grade workbook and a third group with a fifth grade workbook (examination of other texts in the room disclosed that the reading text and workbooks and the language workbooks were all material regularly used in typical classes. The physical makeup of this room was particularly strange. The room was neat, clean, and in fairly good condition. However, the eight children in the room were as widely spaced, one from the other, as physically possible. Three of the eight children during this lesson, were in a second room that the teacher had for her use. Throughout my observation period they were unsupervised. When the children finished their arithmetic assignments, the teacher said to one of them, "Leroy, did you see the new *Life* Magazine I brought in last week?" "Yes, I seen it, my mother buys it." Stymied here, the teacher did not answer the child but went to another child and permitted Leroy to do as he pleased for the rest of the period. A second child came to the teacher for help in doing his arithmetic problem. The teacher read the problem

> to the child and told the child how to answer it; apparently, the reading content of the problems in the workbook was on a level higher than this child was able to cope with. At about 10:15 a.m., the teacher sent several children to typing. In a few minutes, the typing teacher sent the children back. He was busy doing mimeographing and, as was later explained to me, when the typing teacher is busy, he does not take these children. The teacher apologized to the children for this and said that instead of typing, they could play a word lotto game. The special class teacher told the children that it was a privilege for them, a rare privilege, to go to typing. The observer gained the impression that this was the type of privilege that could be taken away at the whim of either the typing teacher or the class teacher; the unstated implication was that regular class children are not sent back from typing when the typing teacher is busy, but special class children, not really deserving of this activity, can be handled in any fashion that makes things most comfortable for teachers. Later, the teacher talked to the writer about the children in the class; she spoke in a way which indicated that she viewed them as having hearing problems as well as problems in learning. (I observed this phenomenon in numerous classes.) For example she said, "When we do multiplication, this young boy, as most of the children, has to use a book of tables because he can't learn the multiplication tables." On another occasion she pointed to two boys and said, in a loud voice, "These two are the smartest specials I have and will ever get. One has an average I.Q. and the other is above average." There was no doubt that all of the children in the room heard each of her evaluative remarks about the children, some not very complimentary.

Three serious problems are raised here. In a great many instances, materials used in the special classes—and curriculum content as well—appear to be lower-keyed versions of curricula in the regular grades. There were few instances where teachers prepared specialized materials for these children. In this class, as well as in others, teachers are often more concerned with controlling discipline problems and reducing the amount of "noise" than in providing an environment where children can work cooperatively. Lastly, there does not appear to be any clear-cut notion of what comes next; certainly, many children and teachers in many of these classes appear to be confused insofar as what they are doing, and, especially, why.

In a secondary educable class for girls observed in a fair sized city in the southern part of the State:

> The teacher assigned a lesson in the arithmetic workbooks, *Lennes Arithmetic Workbook*. The girls were working on second, third, fourth or fifth grade level workbooks. Each girl, chronologically thirteen to seventeen, worked at her seat

and if one had a question, she came up to the teacher (who sat at the teacher's desk) for help. The teacher spent from one minute to three minutes with each girl for this purpose, i.e., to read to each girl those problems that she was unable to read herself or to give help in answering particular questions in the workbook. The teacher did not leave her desk during this period (or subsequent ones). About half an hour after the beginning of the arithmetic period, the teacher said, "When you finish your arithmetic, go on to your spelling lesson." The spelling book used was *New Goals in Spelling.* One girl had a third grade workbook and through the use of a pencil, made the "3" on the cover to appear to be an "8". When she brought me her workbook, at the teacher's request, she said, quite sheepishly, "It's really a third grade book." From the spelling lesson, the children next went to *Individual Corrective English.* I examined one of the books and it was, like the others, either primary or intermediate materials. In the particular book I examined most extensively, there were exercises on Bob, Fluff, Skippy, and Sue. I observed well over two and a half hours in this room and the teacher never once left her seat and the children never once spoke to one another or engaged in conversation with the teacher, other than to ask specific questions about one or more of their workbooks. This program has been designated as secondary special education for mentally retarded children to prepare them for productive and independent lives.

In a junior high school class in a large city near Providence, I observed:

> When the teacher entered the room with the children, she pointed to the great deal of board work that has been prepared for them. Much of this work was in primary arithmetic computation. The children were then instructed by the teacher, "These are your arithmetic examples; do as many as you can." For the remainder of the period the children did these examples and the teacher sat at her desk. This was all that I could observe in this class.

In another class, a primary educable group in a large city on the northern border, I observed an art lesson:

> The teacher said, "We are going to draw a picture of a house". The teacher then proceeded to draw a picture of a house on the blackboard. She instructed the class, "Make it the way I do". She walked around the room and she picked up a child's paper saying, "Your's is too large. Make the house smaller." Children who copied the house exactly the way the teacher had produced it on the blackboard were praised; those who did not were told of their errors.

The aforementioned descriptions are not isolated instances of poor teaching practices. There were many other examples of similar situations. However, a number of teachers observed seemed quite adequate, a few even superior. However as our *Summary Rating of Teacher in Learning Environment* indicated, there were very few teachers in this survey who could be evaluated "above average" in pedagogical ability.

2. *Local leadership does not provide teachers with appropriate curricula guides; nor do teachers effectively and consistently plan programs.* In only fourteen of the forty-three classes visited were curriculum guides provided by the locality; in only five of these fourteen classes did the teacher state that the curriculum guide was helpful and was consistently referred to. Only thirteen of the teachers had a plan book and eight of these thirteen teachers appeared to be using it consistently. Only one teacher, of all those observed, had an individual lesson plan available for the lesson observed.

In one large city on the eastern border, the teacher told the writer that the town did develop a curriculum guide about five years ago. The teacher was part of the group that developed that guide. She stated that each of the teachers had this guide and should be using it. In speaking with other teachers in this city, none of them seemed to have it or use it. In that same city, when asked by the interviewer if she uses a curriculum guide, the teacher said, "No, I do not have one. Dr. ———— is going to give me one in summer school." In one large city in the eastern part of the *Detroit Curriculum;* another teacher in this city told the interviewer that the special class teachers used the New York City Curriculum; two other teachers told the interviewer that no curricula are recommended by the central administration. One teacher was very pointed in her answer to the question, "Do you use a curriculum guide?". She said, "You know what we do about curriculum."

In answer to the question, "What do you consider to be your greatest need as a special class teacher?" many teachers stated that the need was greatest in the area of curriculum development. Although a few teachers said that they did not need a curriculum and they felt it would be a deterrent to their work, most felt that a guide, even one prepared for another city or state, would be of great help.

3. *Numerous children, placed in special classes, are poorly and improperly diagnosed; a number of children are misplaced.* Table VI summarizes the evaluative procedures in special classes observed. There appears to be heavy reliance on the I.Q. test as the single most powerful instrument to diagnose children and to make prognostications in reference to them.

One teacher in a fair sized city on the eastern border complained that she has three emotionally disturbed children in her class who do not belong there. One little boy, Allen, has, according to the teacher, good intelligence and does not belong in this class. As the teacher said, "This has been a very tough year." In a trainable class in the southern part of the State, a perusal of the folders of each child disclosed that there were six children in this class that appeared to be of educable ability. One of the six, on a recent psychological evaluation, was diagnosed, as "schizophrenic". In this same city, in an intermediate educable class, the teacher stated that he felt that several children are not mentally retarded. He said that, "They are mostly in the regular classes, behavior problems". He was rather happy that these children did not have the label of mental retardation tagged on them; however, he wondered why they were placed in special classes to begin with. Another teacher in a small eastern town cited that there are two boys who do not belong in her class. "I don't have I.Q.s on them or psychological summaries, because they aren't retarded. They were put in my classroom for disciplinary reasons. Evaluations are done by different agencies in the city. Some are very good, some are poor." In another small town in the northern part of the State, a review of children's records disclosed that one boy had I.Q. scores of 81 and 94 on the most recent psychological evaluations and a statement quoting the Rhode Island Hospital as saying, "We find this child to be not retarded". Upon questioning, the teacher revealed that she did not know why the child was placed in the special class nor did she know whether he had been reevaluated since his aforementioned examination.

4. *Children are excluded or exempted from school, through local authority, often delegated to teachers or supervisors.* Upon questioning local supervisors of special education or principals, it was disclosed that they often had the authority to exclude children from school and later (after the "fait accompli") inform the superintendents about these actions. In one fair size mid-eastern city, the teacher informed the observer that a child was placed in her trainable class in spite of the fact that the mother did not want this child in that class. The mother brought pressure to bear upon the superintendent, who was told by the teacher that the child should be placed either in the trainable class or be excluded from school. At this point, the interviewer said, "Oh, the child was placed in your class?" The teacher said, "No, she was excluded from school." In another city on the eastern border, the supervisor of special classes told me of several children whom she had excluded from school.

5. *Numerous personnel working with mentally retarded children exhibit negative feelings toward these children and their capabilities.* One teacher in an eastern city told the interviewer that, "If these children improve two months in reading in a year, I'll be

happy and feel we have achieved something. After all they are mentally retarded and we can't expect too much."

Although not usually encountered to this extreme, the following is a clear example of the negativism encountered in several classrooms:

TEACHER'S "REPORT" ON CHILDREN IN PRIMARY EDUCABLE CLASS (FIRST FEW SENTENCES IN EACH REPORT)

1. J.M.: "Very poor, a very troublesome child who is always telling on the other children for what he has started."
2. A.T.: "A very troublesome child. He tears up his papers in very tiny pieces, destroys everything he handles."
3. G.T.: "A quiet child but in and out of school a great deal . . . very untidy in appearance and school work."
4. R.R.: "Child is very immature. He is more trainable than educable and plays with dolls, blocks, and puzzles most of the time."
5. L.H.: "A very lazy and inattentive child. She is very untidy in her appearance. Also in the work she does. A very bossy child and does not share things with the other children. Her mother cannot understand why she is in this room."
6. C.M.: "Very high strung child. Always pushing and fighting with children."
7. L.A.: "A very lazy child. She will not pay attention and doesn't seem to care if she does her work or not. She is a very fat child and has a hard time getting around. She drops everything she plays with and will not pick things up until she is told."
8. J.H.: "A very shy child, one of 11 children. One brother is now in the State Institution. He is very quiet and afraid of everything."

6. *Other Special Class Problems.* There were numerous problems, some of minor importance not encountered frequently, that should at least be mentioned here. In a number of classes, facilities were below minimal standards; special classes actually do exist in basements (cliches are often devastatingly accurate). Many teachers have problems in grouping children; others handle the problem by disregarding all grouping principles and treating the class as "one group". There are a number of problems on the secondary level: only one senior high school class in the State, the question of diploma or certificate upon graduation, the question of participating in extra-curricula activities. There are very few ongoing parent counseling programs operant in this State. There are other problems that were mentioned fleetingly, and deserve at least restatement here: hours of school day, supplies and equipment, and adequate supervision.

E. The Preparation of Special Class Teachers: A Related and Crucial Issue. Central to the development of special education programs for mentally retarded children is an adequate supply of dedicated, well trained, professional teachers, who are more than tacticians or imparters of knowledge—teachers who are applied psychologists, able to provide, for children with learning problems, an environment that maximizes the possibility that the diffculties they encounter in traditional classroom settings will be alleviated and circumvented in the special classes. (Sarason, Davidson, and Blatt, 1962; Blatt, 1963). Unfortunately, there are numerous indications that there are few such teachers in Rhode Island. On the other hand, there are indication (e.g. the extent to which children admire and genuinely like their special class teachers and their teachers like them) that these teachers are, for the most part, capable of achieving increments in professional competency. The writer spent considerable time interviewing Dr. Harry Novack, Coordinator of Special Education at Rhode Island College. In addition, he was extended the opportunity to interview Dr. William Gaige, President of Rhode Island College. These interviews, plus his discussion with teachers in the field and observations of their classes, require that he now make the following statements:

1.) Rhode Island College, its administration, and especially Dr. Novack should be commended for their efforts in trying to implement the teacher-education program in special education in the State.

2.) For reasons not entirely clear, recruitment of students for this program has been less than an unqualified success. At the present time there are no full-time undergraduate students in attendance (however, on the other hand, this is a completely new program) and there is one full-time graduate student.

3.) The above situation has led to a condition whereby most of the teachers trained in Rhode Island have received part time evening extension and summer courses in special education. This has led to the type of course work that relies heavily upon lectures and readings; it is fair to estimate that few of these teachers have had opportunity for extensive clinical participation, directed observation, and meaningful student teaching.

4.) Certification regulations in the State, which allow for "Cafeteria style" course taking to meet certification requirements (i.e. taking a course at one college, then another course at another college, ad nauseam) does not allow for a planned developmental university preparation in an area that requires the greatest skills and highest motivations.

5.) In summary, we are genuinely impressed with the professional skill and dedication of Dr. Novack and his staff. However, we believe that, for one reason or another, the special education program at Rhode Island College has not received the sustained physical backing and encouragement to develop bona fide full-time undergraduate and graduate programs. We are deeply appreciative of the problems faced by all university administrators, with expanding enrollments, pressures for new programs, and limited budgets. An analysis of the stated needs of superintendents for teachers of educable and trainable children through 1965 discloses that, at a minimum, fifty-three new teachers will be needed. There is no doubt that fifty-three new teachers, and more, will be employed to meet this need (as illustrated by prior experience, see Table VIII). However, we are concerned with the quality of the preparation these teachers receive. We believe that, if the Rhode Island College administration and faculty receive adequate financial and consultive assistance, they can develop their present program to meet the needs of expanding special education curricula in the State. However, present status and outlook is not particularly encouraging.

TABLE VIII

Certification Status of Teachers of the Mentally Retarded School Year 1961-1962

TEACHERS OF EDUCABLE RETARDED CHILDREN	
Emergency Certificates (No course work)	14
Temporary Provisional Certificates (completed at least 6 semester hours of course work in special education.)	31
Provisional Certificates (3 year — completed 24 hrs. of course work in special education but not completed 3 years of teaching educable children.)	24
Professional Certificates (5 years—completed 24 hrs. of course work in special education—or in at least 9 cases —recipients of "grandfather" certificates for having worked in ungraded classes for a considerable length of time.	32
No special certificates	6
Total	107
TEACHERS OF TRAINABLE RETARDED CHILDREN	
Emergency Certificates	1
Temporary Provisional Certificates	7
Provisional Certificates	6
Professional Certificates	4
Total	18

Recommendations

A. **Reimbursement.** It is recommended that legislation be enacted to specially reimburse communities for establishing new and continuing present bona fide programs in special education for the mentally retarded. Present financing policies for schools in Rhode Island (Boyer, 1961) do not, in particular, encourage the development of new programs or the expansion of existing programs that have few strong historical roots. A reimbursement plan that would identify specially allocated monies with specific programs would greatly facilitate the development of special education in the State. Precedence for such action can be found in the special reimbursements given to vocational training programs and regional district programs.

B. **Professional Preparation.** The University of Rhode Island should explore possibilities for the development of undergraduate programs to prepare special class teachers of the mentally retarded. In addition, the Board of Trustees of State Colleges should, if it becomes necessary, approve graduate programs in special education at the University of Rhode Island. Precedence for the establishment of dual professional curricula at both state centers for higher education can be found in the recently established guidance and counseling programs at both the University of Rhode Island and at Rhode Island College. However, in fairness to both the State and Rhode Island College, all means should be studied to expand and enrich the College program before a decision is made to encourage the development of a second center.

C. **State Board of Education Regulations.** The State Board of Education should be encouraged to consider the establishment of strong regulations, as they have been impowered to do in Chapter 24 (16-24-1; 16-24-2) of *Rhode Island Education Laws.* Consideration should be given to the following areas:

1. Diagnosis, classification, and placement in special education programs.
2. Annual census of mentally retarded children and procedures for reporting to State Department of Education.
3. Transportation of all mentally retarded children to special classes and other special facilities.
4. Regional special class development, especially in those areas that require such intermediate districting.
5. The mandatory reporting by the local school superintendent, to the State Commissioner of Education, of all children being considered for either exclusion or exemption from public school opportunity; the final decision for either exclusion or exemption must rest with the State Commissioner of Education.

6. Certification of special class teachers. Present certification regulations for teachers of educable mentally retarded and trainable mentally retarded should be combined to establish one certificate. This certificate would give broad training in the general area of special education. Students would have an opportunity to emphasize one or the other area of training desired (i.e. trainable or educable). However, the superiority of the single certificate in contrast with present policy is plain: all special class teachers of the mentally retarded would have a comparable philosophical and technical base; a single certificate would permit for greater teacher flexibility insofar as shifting to the other area of special class teaching; a single certificate would prepare a more broadly trained teacher; a single certificate would still permit, within the planned program, for specialization in one area. Most importantly, all prospective special education teachers should be enrolled in planned programs at an approved college or university.
7. Certification of supervisors in special education. The regulation dealing with requirements for *Special-Subjects Supervisor's Certificate,* to be effective August 1, 1964, should be revised to include "special education" under "special subjects".
8. Local supervision. All cities should be required to have certified supervisors of special education. These supervisors who do not meet minimum certification requirements, should be given not more than three years to complete such training.
9. Full Day Programs. All children enrolled in educable and trainable programs should be afforded full day (minimum of four hours) programs, except in those special cases where it is plainly apparent that the child (because of physical handicap, immaturity, or other debilitating condition) cannot reasonably attend school for a full day.
10. Senior high and adult school programs. Vocational, work-school, adult evening, or other appropriate secondary, and post-secondary programs should be required for all secondary age educable children and available to all eligible adults.
11. The establishment of strong regulations requires expansion of staff in the Special Education Section of the State Department of Education. Regulations without such staff expansion will result in the flouting of said regulations and a variety of abuses, unknown and non-correctable. It is recommended that the State Board of Education approve

the establishment of the position, Chief, Special Education. With this position, a new Division of Special Education should be established which would include in addition to the Chief, two supervisors of special education for the mentally retarded (as well as other supervisors of exceptional children as described in other sections of this report).

D. **Research.** All state agencies, concerned with the education and habilitation of mentally retarded children and adults, should join together to sponsor and elicit support for bona fide research programs in mental retardation. Eventually, an Institute for Research should be developed at one of the higher education centers. Research and demonstration projects should be established, especially in the area of pre-school programming for children, who come from families with high incidences of so-called "familial" mental retardation and children who have demonstrable central nervous system pathology. There appears to be an absence of research activity in the field of mental retardation in the State of Rhode Island and this condition should be corrected, as an obligation to the citizens of the State as well as to all children who are confronted with serious learning problems.

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Chapter V

THE EDUCATION OF MENTALLY RETARDED CHILDREN— DR. JOSEPH H. LADD SCHOOL

Introduction

The function of the Ladd School as stated by the administration "is to receive, care for, train, educate and rehabilitate to the highest degree mentally retarded children and adults who need institutional care." The Ladd School is administered by a superintendent, an assistant superintendent, and seven major department heads of medicine, psychological services, home living, social services, business, maintenance and education and training, that department with which this report is concerned.

Each department functions autonomously; each department head is a member of the superintendent's administrative staff. The staff meets regularly to discuss policy and management problems.

Most important to the present and future welfare of the residents are the weekly scheduled meetings of the Child Care and Study Committee. The decisions of this committee affect the school placement, job assignments and community placement of the residents. The Department of Education and Training is represented on the Study Committee by the school principal, and at various times by teachers or other members of the education and training staff.

This brief description of the function of the Ladd School and the administrative importance given to the Department of Education and Training appropriately emphasizes, in light of the philosophy and knowledge of our times, the role of education, training and rehabilitation, and simultaneously places a serious and heavy responsibility upon the Department of Education and Training.

Education and Training

The examination and evaluation this survey permits of the education and training program reveals a gross inadequacy in the number of teachers in addition to the lack of teachers with appropriate training and experience in either the general field of special education or in special teaching assignments (e.g. physical education and recreation, occupational therapy, industrial arts and pre-vocational job training).

Speech handicaps among the retarded are present to a startingly high degree. It is often estimated that 50-60% among the moderately and severely retarded could benefit from a program of individual or group therapy. The presence of only one trained therapist on the staff must be assumed as woefully inadequate.

The population census at Ladd School as of November 1962 was 1036. Of this number, 643 residents were participating to some degree in the education and training program. This number includes classes held in the cottages as well as the program conducted in the education and recreation center.

Due to the lack of teachers, over 100 residents receive only one hour of classroom instruction. Many children, who are receiving only one-half day of school, should be in school for a full day and would be in school for a full day if ironically, they had remained in the community and had not been afforded the benefit of special State school training.

An examination of education and training personnel leads to the inevitable realization that this limited number of staff persons can only make a superficial attempt to educate and train 643 retarded persons. It, also, serves to accentuate not only the inadequacy of the present staff but to give great credit to them for their dedication and effort on behalf of the retarded under their care.

The present Superintendent, Dr. John Smith, assumed leadership of the Ladd School administration in 1956. It must be noted that at that time there was no school building. The Ladd School had a population of approximately 950. There were only 57 residents receiving any semblance of education or training. The total educational staff consisted of three teachers. There was no organized program of recreation. Although the residents were employed as helpers in the institution, there was no formalized program of job training. This report would be sadly inadequate if it failed to commend the present administration for the truly heroic advances of the past six years.

A Ladd School curriculum is being compiled and written by the school staff under the direction of the teaching principal, J. Joseph Feeney. The curriculum consists of twenty-two sections which are concerned with, not only the traditional classroom subjects, but, more importantly, areas relating to everyday living. Prefacing each section is a list of aims and objectives. A suggested list of topics and subject matter and recommended teaching techniques and activities is listed in great detail. Selected sections include suggestions for incorporating and correlating the tool subjects, reading, language arts, and arithmetic.

The following is an overview of Curriculum content:

1 The Child and His Family
2 Health and Hygiene
3 Food
4 Shelter
5 Clothing
6 Safety
7 Recreation
8 Transportation
9 Community Life
10 Choosing, Getting and Holding Job
11 Budgeting
12 Home Economics
13 Physical Education
14 Woodworking
15 Art and Arts and Crafts
16 Language Development
17 Music
18 Modes of Communication
19 Reading
20 Spelling
21 Arithmetic
22 Science

The present curriculum indicates that a great deal of time and effort has been expended. However, this most important task is not nearly completed. The curriculum as it exists, if it is to be an effective instrument, must be designed to meet the needs of all age levels and all levels of retardation. It must be refined, as well as expanded, if it is to be of assistance to the novice as well as the teacher of experience. This criticism is not given to discredit previous efforts but to highlight the need for additional competent personnel at the supervisory level.

At present, the Assistant Superintendent acts as the Director of Education and Training. It does not seem possible for the Assistant Superintendent to do justice to the title of Director of Education and Training with the overwhelming administrative responsibilities that are his. The educational duties of an administrative and creative nature then, of necessity, must be assumed by the teaching principal. The present principal's teaching responsibilities, plus his classroom supervisory duties, do not allow any time for long range, comprehensive, overall planning and coordination.

The noticeable lack of departmental personnel of supervisory rank or special training negates the probability of strengthening the programs in physical education, remedial reading, industrial arts, home economics and music.

The Rhode Island Department of Education has made progress in providing for the education of the educable and trainable retarded in its public school program. The public schools, in general, are not prepared, however, to offer pre-vocational and sheltered workshop programs for the large number of young adults in need of such training. The Ladd School could more effectively prepare its residents for independent living and at the same time act as a demonstration program for the public schools if such a program were established within the Education and Training Department.

There is a great amount of Federal monies available for research and demonstration. National Institutes of Health, Office of Vocational Rehabilitation, and other governmental agencies are anxious to finance demonstration projects that will offer pilot program experience for the benefit of the 50 states. The availability of such funds to an institution usually depends on two factors. First, is the need for competent, trained and experienced personnel to design and adequately supervise the proposed project. Secondly, it is desirable to have the institution affiliated with a college or university in order that the facilities and professional staff be available for participation.

It would seem to be mutually advantageous for the Ladd School to develop affiliations with Rhode Island College and University of Rhode Island. One of the First logical moves would be to utilize the Ladd School for teacher training in special education.

Summary and Recommendations

In general, almost all of the elements of a sound, comprehensive, educational program are present to some degree. If the Ladd School is to fulfill its function and attain its goals, the present administration is not only deserving of but must have assistance. The gains made over the past six years are indicative of an administration acutely aware of the educational needs of the retarded, in spite of a paucity of staff and a lack of facilities standing in the way of progress.

Specifically, it is recommended that consideration be given to:

A. Raise standards and criteria for teachers in the Ladd School:

1. Require all teachers, including vocational instructors to be certified in their field of instruction, i.e. physical education, music, industrial arts.
2. Encourage all teachers to be working toward Certification in Special Education.
3. Parallel salary schedule to that of the public school.

B. Create a position of "Director of Education and Training".

This position should have administrative staff status and should be responsible for the establishment and implementation of a total program of education and training and the coordination of this program not only with the other programs within the Ladd School but, also, with the State Department of Education and any other state department or agency mutually concerned.

C. Increase of the number of *classroom teachers* from seven (7) to fourteen (14).

D. Raise the criteria and increase salary schedules appropriately for:

1. Supervisor of work training.
2. Special instructor in physical education and recreation.
3. Special instructor in industrial arts.
4. Special instructor in music.

E. Create position "Supervisor of Physical Education and Recreation" requiring certified teacher with major in physical education and minor in special education.

F. Create position "Supervisor of Music" requiring certified teacher with major in music and minor in special education.

G. Create position "Supervisor of Industrial Arts" requiring certified teacher with major in industrial arts and minor in special education.

H. Create position of "Supervisor of Speech Therapy".

This position should provide appropriate salary for a person with advanced education and experience.

I. Employ at least one additional speech therapist.

J. Employ a school psychologist.

K. Refine and complete present curriculum.

L. Create a sheltered workshop within the Ladd School to serve both the residential population and as a demonstration project for the communities of the State.

M. The utilization of the education and training program for teacher preparation in special education in cooperation with the University of Rhode Island and Rhode Island College.

N. Development of internship programs in psychology and social work through affiliation with the University of Rhode Island.

O. Development of a Half-Way House for trainee's residence prior to community placement.

P. Investigate the possibility and feasibility of a nominal salary for trainees providing actual service to the Ladd School.

Q. Offer assistance to selected neighboring small communities, approved by the Department of Education, by providing for day students from those communities.

R. Strengthen the school program through more dynamic use of volunteers as classroom or recreation assistants.

S. At the Ladd School the salary scale for teachers as compared to the salary scale of teachers in the various Rhode Island public schools reveals that the basic salary at the Ladd School is not out of line. However, there are several extremely pertinent other factors that must be given consideration.

1. There is no provision made in the Ladd School salary scale or advanced study beyond a bachelor's degree. In a survey of salary schedules of 31 school systems, ten offer an increment.
2. The Ladd School salary scale offers no increment for teachers completing work for their master's degree. Twenty-nine of the 31 school systems in their survey offer an increment ranging from $200 to $500.
3. Twelve of the 31 systems recognize work beyond the master's with increments ranging from $300 to $750, and 21 of the 31 offer increments from $400 to $1,000 for doctorates.
4. Probably the most significant factor in terms of recruiting well qualified teachers for the Ladd School is the fact that they are unable to offer an added increment for special class experience or preparation. Twenty of the 31 public school systems offer from $300 to $600 increments for teaching special classes.
5. Another limiting factor is that personnel practice in Rhode Island does not allow the Ladd School to hire above the first step of the salary scale. This means that the administration is not in a position to hire anyone with either special preparation or lengthy experience. Consequently, the Ladd School finds it is hiring only young, inexperienced teachers and, at times, losing experienced teachers with advanced preparation.

Therefore, it is recommended that necessary steps be taken to remedy the aforementioned five weaknesses.

Chapter VI

THE EDUCATION OF PHYSICALLY HANDICAPPED CHILDREN IN RHODE ISLAND

Introduction

A. **Early History of Treatment.** Four stages have been identified in the treatment of crippled children (Heck, 1953, p. 115-116): (1) extermination, (2) ridicule, (3) physical care, and (4) education. Although all four have coexisted in the 20th Century, the first is generally associated with the fight for survival of primitive peoples, and the second with the scarce and popular, deformed jesters of the Middle Ages. Stages three and four, however, were not attained until the 19th Century. Emphasis on physical care characterized the major portion of this century with education playing a minor role.

Not until the turn of the Century were public school classes established for the physically handicapped, the first class being organized in London in 1899 and the second opening in Chicago in 1900. Noted public spirited citizens (too well known and numerous to mention), physicians, and educators as well as lay service organizations, have long promoted educational programs and financial aid for crippled children in both public and private institutions. Some of these organizations actually sponsored some of the earliest public school classes and cooperated with school authorities until the boards of education assumed complete responsibility for the classes. Such organizations and individuals did much to accelerate the ensuing rapid acceptance of responsibility for public school classes for crippled children by boards of education.

In addition to these sources of aid, the Children's Bureau of the Department of Labor has had since 1935 "appropriations with matching by all of the forty-eight states for crippled children's programs" (Baker, 1959, p. 419). By 1948 a total of 30,547 children were being educated in public school classes, hospitals, and at home (Heck, 1953, p. 117). It should be noted, however, that the 1958 Office of Education survey of special education revealed virtually no change in enrollment of children with crippling conditions, or with special health problems, in special education programs in local public school systems in the following decade, although some extraordinary increases in enrollment took place in other areas of exceptionality (Mackie & Robbins, 1960). Some of the possible reasons for this apparent lack of increase in enrollment will be touched on later in this report.

B. **Philosophy.** Two dominant tenets of a generally accepted educational philosophy in America are: (1) a belief in universal education or equality of opportunity for *all,* with provisions for individual differences, and (2) a belief in the dignity, worth, and unique potential contribution of every individual. These two tenets form the basis of a philosophy of education for exceptional children as well as for the non-exceptional. They hold that, despite physical, intellectual, emotional, or social differences among children in our schools, all are "more human than otherwise," regardless of the fact that they (the tenets) seem often to be rejected as evidenced by the not infrequently heard "dehumanizing" terms used to designate the handicapped in everyday speech, e.g. "vegetables," "freaks," and occasionally "animals".

That equality of opportunity is not to be construed as identity of opportunity is an educational cliche; nevertheless, the principle is a sound one and a need for differentiated programs where it arises should be met through the provision by the school of adequate and appropriate educational programs so that every child may discover, understand, and develop his potential abilities, interests, and talents.

A philosophy of education for the physically handicapped maintains that the educational program for these children is an integral part of the total school program. Physical and psychological integration of this program with the overall program is imperative, if the former is not to become a mere appendage to the latter. Even where physically handicapped children are, more or less, permanently hospitalized or on permanent home instruction, every effort should be made to prevent these children from feeling isolated from their non-handicapped peers.

A philosophy of education for the physically handicapped recognizes that in planning an educational program the emphasis should not be on the disability of the child but on his ability. Furthermore, that the objective medical aspect of the disability should not take precedence over psycho-social, vocational, and education considerations in the assessment of and planning for the child, but should be viewed as one part of the total evaluation. It is a truism that the educational prognosis of two individuals with identical physical handicaps, as with identical intelligence quotients, may be totally different.

A philosophy of education for the physically handicapped must be realistic in concept. An educational program which merely aims to keep children happy is indefensible, as is a program which is bent on making all physically handicapped children as "normal" as possible. No one has stated this point more eloquently than Jansen (1947, p. 2):

> "The spastic needs a school program which gives him greater help in facing reality. He cannot be patted on the back for doing a poor job at laying the tablecloth for the school party when he is seven and then be found unprepared for society's misunderstanding at fourteen".

C. **Modern Methods.** Five principal methods have been employed in the education of the physically handicapped: (1) home instruction, (2) hospital instruction, (3) local schools, (4) local classes, and (5) state schools (Heck, 1953, p. 117-118).

1. *Home instruction.* Instruction is provided in the child's home by a special teacher supplied by the board of education. The special teacher confers periodically with the child's regular grade teacher in order to map out an individual program of instruction. In cases where a condition may be chronic and/or progressive and the child is permanently homebound, he may be dealt with solely by the home teacher and be carried on her attendance register. Quite often the home teacher will carry such a multigrade caseload that, unless she is a "jack-of-all-subjects," she will soon find herself in difficulty. Many children who are only temporarily confined to their homes because of accidental injuries, short-term illnesses, or a post-operative recuperation period fall within the purview of the home teacher. In recent years, the school-to-home telephone has come into increasing use in the public schools (Richards, 1958, p. 3). Homebound children are now able to have almost continuous auditory contact with their classmates in school. Much of what is perceived auditorily by the homebound child is supplemented by appropriate presentations of visual material by the home teacher.

2. *Hospital instruction.* Special teachers, provided by the public schools, give instruction in the hospital setting. The hospital usually furnishes a classroom and equipment. Recent advances in surgical techniques and medicine have reduced periods of hospitalization significantly often making long-range planning for instruction unnecessary (Connor, 1958, p. 440).

3. *Local schools.* Some school systems maintain separate schools for the physically handicapped. Often, these are situated close to a hospital or clinic so that required medical treatment, occupational therapy, and physiotherapy can be conveniently provided as part of the child's total educational program. The issue of special schools versus special classes for the physically handicapped is, as it is with the mentally retarded, a controversial one. A segregated school, however, no matter what the immediate advantages may be, is considered to be basically incompatible with the ideal of integration espoused in the philosophy presented in this report. A word of caution at this point seems to be in order. It is consistent with a policy of integration to seek to place as many physically handicapped

children in regular classes as may be capable of benefiting from such placement, but with the decision for placement always being based on a careful weighing of all factors having bearing on the individual's eventual adjustment in the new educational setting. Fenton and Connor (1959, p. 259) have made the cogent observation that, "Though proven successful in numerous instances, placement in regular classes has resulted on occasion, in fostering a fetish by some administrators and physicians. Sometime school personnel interpret this trend as an opportunity to do nothing for handicapped children but place them in a regular class."

4. *Local classes.* In many cities, physically handicapped children are educated in special classes housed in regular schools. Small cities, such as are characteristic of most of Rhode Island, organize on a class basis. Seldom are there sufficient eligible children in one city to make the establishment of more than two or three classes necessary. The problem of transportation may be solved by the establishment of such classes, but the local class more often than not does not offer the equipment and treatments available in the segregated school. In recent years special educators have urged the inclusion of adjoining physiotherapy and occupational therapy units in the architectural planning of local classes (Boyles & Green, 1956, p. 6; Fenton & Connor, 1959, p. 260-261). Without such units the results of the educational program are, unfortunately, of little or no benefit to many of the children.

5. *State schools and hospitals.* Some states have established schools for crippled children. The first of these was established in 1904 in Massachusetts (Heck, 1953, p. 118). This institution, known as the Massachusetts School and Home for Crippled and Deformed Children, provided education and physical care. State hospitals have introduced schooling in addition to physical care for their children.

D. **The Changing Outlook.** Crucial to the development of intelligent educational programs and practices for physically handicapped children is an understanding and appreciation of the constantly changing composition of these programs being brought about through efforts by parent organizations to bring public education to previously neglected groups (e.g. cerebral palsy and muscular distrophy), and by progress in science, education, medicine, and rehabilitation. These changes have been reflected clearly in the diagnostic categories represented in programs for the physically handicapped today as compared with those of less than a decade ago. Fenton and Connor (1959) have described in considerable detail the changing picture in the education of these children and its implications for educational practices and teacher education. The trends which they have noted and which have particular relevance for this report are as follows:

1.) The number of children with cerebral palsy, congenital anomalies, and neurological conditions attributable to birth injury has increased greatly in classes for the physically handicapped as well as in those for the mentally retarded.

2.) The number of children crippled from birth defects will undoubtedly continue to rise as improved medical and surgical techniques enable more of these individuals to survive.

3.) Children with infectious ailments (e.g. polio), cardiac disorders and special health problems will probably continue to diminish in number.

4.) More physically handicapped children are now able to make a satisfactory adjustment in the regular grades.

5.) Increasingly, more comprehensive school units providing a total program of therapy and education are being included in the plans for new school building, enabling more severely physically handicapped children to attend school than was heretofore possible.

6.) Fewer special classes are being organized on the basis of a diagnostic label alone. It is interesting to note the similarity between this practice and that of organizing special classes for the mentally retarded on the basis of an I. Q. label alone. Now, children with a variety of types of crippling conditions are being admitted to special classes, with the type of orthopedic condition no longer taking precedence over the total needs of the child.

7.) There has been growing recognition among school personnel of the difficult instructional problems posed by the presence of the so-called "brain-injured" child. These children may test within the normal range of intelligence but demonstrate such unusual perceptual, conceptual, or behavioral disturbances as to make instruction almost impossible without the provision of separate special educational facilities for them children. A few such classes have already been established in various parts of the country.

8.) The interdisciplinary or "team approach" has become an almost universally accepted goal, if not a working reality in most programs for the physically handicapped, i.e. a number of members of different professional disciplines combine and coordinate their skills in the evaluation of child prior to placement and during subsequent re-evaluations which may be requested for various reasons. Placement in a special class is no longer made on the basis of a medical recommendation alone.

9.) With the recognition that physically handicapped children may also be mentally or otherwise handicapped, some programs for the retarded and the physically handicapped are feeling the need for the establishment of classes for the multiply handicapped. Several states have already established classes of this type. Because of the growing numbers of cerebrally palsied children in classes for the physically handicapped, and the fact that many of these children have associated disorders creating multiple handicaps—commonest among them being mental retardation[1]—it is becoming increasingly difficult for schools to admit only children with typical intelligence to programs for the physically handicapped, as has been the case in the recent past.

E. **Incidence of Physically Handicapped Children.** Based on Bureau of Census figures, Mackie and Dunn (1954, p. 12) have estimated the per cent of incidence of physically handicapped children of school age in the United States to be 1.50. These figures were for children, sometimes referred to as crippled, whose primary handicap, if there was more than one, was not one of vision, hearing, speech, or a special health problem (i.e. tuberculosis, epilepsy, cardiac, or other below par conditions). The cerebral palsied are also generally included in this crippled group.

The *Second Special Report in 1962,* which was presented to the Rhode Island Legislative Commission to Study Education of Handicapped Children, used a figure of 1 per cent to estimate incidences of physically handicapped children of school age and of children with special health problems. On the basis of these figures, it was estimated that 1885 children of school age in Rhode Island in 1960-61 were physically handicapped. An identical estimate was given for children with special health problems. In the census of handicapped children conducted in Illinois in 1958, approximately 7 out of 1,000 were found to be physically handicapped.

An inevitable confusion arises in any attempt to estimate numbers of physically handicapped children in the school population, for as Heck (1953, p. 114) and others have pointed out, many times comparative statistics cannot be obtained until a careful and widely agreed on definition of the term physically handicapped is arrived at. No attempt will be made to formulate such a definition in this report; however, a description of how the term is used in this report and by many educators would be as follows:

> "Although in a broad sense the term 'physically handicapped' is often used to encompass any bodily defect, including loss of sight or hearing, the educator tends to group together under this heading those disabilities which interfere in some way with locomotion or bodily activity. These include such crippling conditions as paralysis, amputations, cerebral palsy, arthritis, muscular dystrophy, rheumatic fever, diseases and conditions requiring protracted hospitalization, or bed care at

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[1] A number of reliable estimates have shown that between 40 and 50 per cent of cerebrally palsied children test below I.Q. 70 (Hopkins, Bice, & Colton, 1954; Cardwell, 1956; Hohman & Freedheim, 1958; Schonell, 1956).

home, epilepsy, and other conditions less commonly encountered. The diagnosis (determining the basic cause of the physical limitation) is a medical problem." (Garrison, 1961, p. 8).

Physically Handicapped Children in Rhode Island

A. **Inventory of Present Programs.** Three school systems in Rhode Island operate classes for the physically handicapped. These classes currently enroll a total of 55 children. Some of the children in these classes are tuition pupils sent in from neighboring cities or towns which do not operate such classes of their own.

Cities and towns other than the three mentioned usually provide for their physically handicapped through placement of the child in a regular grade, if he is capable of profiting from such placement, or through home or hospital instruction given by a special teacher.

In cities and towns having school populations of 10,000 or above a special class facility and/or home instruction is furnished by the school system. Two cities with school populations between 5,000 and 10,000 offer only home instruction, with Newport having, in addition, two classes for the physically handicapped.

In towns with school populations below 5,000 the incidence of children with physical handicaps is usually so low as to create no unusual educational problem for the school administration. Several of these towns, which are located not too distant from the three special class centers, send their physically handicapped children to the centers on a tuition basis. Other children are able to benefit from a regular grade placement.

It is important to realize that a significant number of physically handicapped children are also mentally retarded and are to be found in such classes. From an educational viewpoint such a placement may be the best one for the child. A few states (among them California and Illinois) have already established special classes just for these multiply handicapped children. In view of the fact that the number of these children seems to be on the increase, this type of educational provision may become more common. Finally, it should be noted that some physically handicapped children attend parochial and private schools, as well as hospital and institutional schools.

B. **Evaluation of Present Programs.** The evaluations of the three special class programs and brief descriptions of representative home instruction programs follow in this section of the report. Data used in making the evaluation were based on personal observation of the classes and on interviews of the teachers of the classes. Additional data were obtained through interviews with superintendents, directors of special education, guidance counselors, school psychologists, principals, home teachers, etc.

A prepared form was used by the interviewer as an aid in evaluation. The form attempted to include questions related to the essential aspects of a complete program for the physically handicapped. It was felt that, although all of the standards used in the form might not be approximated to the same degree by all of the programs, all were basic to a sound and total program.

Findings relating to the three programs are described under headings identical or similar to those used in the evaluation form. This procedure was followed in order to facilitate interprogram comparisons. Information was also obtained on representative home instruction programs in a manner similar to the one described above.

In reacting to the material contained in this report, it is imperative that the reader realize that some of what has been recorded is based almost entirely on the knowledge and understanding of the program *as the teacher perceives it.* It is quite possible that the teacher has misperceived in some instances and, therefore, that the accuracy of the information provided by her is questionable. However, because it is the teacher who has direct contact with and responsibility for these children during most of their school experience, it is her interaction with the children, based on her understanding of their needs and the philosophy and objectives of the program, that ultimately determines how the program is implemented and the nature of the educational experience. This experience, for better or for worse, *is* the educational program for the physically handicapped child.

1. *School "A"*. This school is listed in the 1962-63 Rhode Island Education Directory as a special school for handicapped children—contains, besides classes for other types of handicapped children, two classes for the physically handicapped conducted in separate rooms.

a.) The classes are divided into an older and a younger group. In the younger group the ages range from 6 to 13, while in the older they range from 10 to 16. The classes are in session from 9 a.m. to 2 p.m. each day, although some of the children receive individual instruction in the morning prior to the beginning of class. There are 13 children enrolled in the younger group and 15 in the older. This school accepts some physically handicapped children on a tuition basis from other cities. e.g., Cranston is presently sending two children to this program.

Of the 13 children in the younger group 9 are cerebrally palsied, 1 has a heart condition, 1 has Perthe's disease (an inflammation of the bone and cartilage at the head of the femur), 1 is a post-polio child, and one has a tumor of the right tibia. The preponderance of cerebrally palsied children in this class is not an unexpected phenomenon as was pointed out earlier. The intelligence quotients of the children in this group range from 56 to 102 with a significant portion falling in the mentally retarded range.

The older class has a much more heterogeneous composition, insofar as type of handicap is concerned. In this group, there are 4 children with cerebral palsy, 3 post-polio children, 2 children with muscular dystrophy, 1 with hemophilia, 2 with arthritis, 1 with congenital heart disease, 1 who suffered a cerebral stroke at five years of age, and 1 with clubbed feet. Most of the cerebrally palsied in this group also have associated disorders of hearing and/or vision. Such associated disorders are common among the cerebrally palsied.

One of these cerebrally palsied children, who has 20/100 vision in one eye and no measurable vision in the other, and who was formerly too crippled to attend the sight conservation class, has now improved to the point where he is able to get around with only the aid of a cane. Unforunately, because the sight conservation class is located on a third floor, this child is unable to receive the special educational services necessitated by his visual handicap.

The I.Q. scores in this class range from 70 to 119; however, it should be pointed out that only one child tests lower than I.Q. 86 on individually administered tests of intelligence.

b.) Insofar as physical characteristics of the classroom:

1) Both rooms are approximately 700 sq. ft. in area making their unit size—a classroom unit is based on 900 sq. ft. (Graham & Barrow, 1956)—about .78. The space thus provided is less than adequate in both classrooms, since a minimum of 60 sq. ft. per pupil is generally recommended (Boyles & Green, 1956, p. 6). In the younger group, where more wheel chairs were in evidence, the crowding was quite apparent.

2) Lighting in both rooms was provided by three overhead fluorescent fixtures ("egg crate" type) and was quite sufficient for most school activities. Additional illumination came from windows along one wall.

3) The classrooms were furnished almost identically with each containing two or three rectangular tables, a round table, desks and chairs of varying sizes, an easel, a storage cabinet, a filing cabinet, and a couple of bookcases. Some of the bookcases in each room were constructed with glass fronts and constitute a definite hazard to the children. In one of these classes a child, who sustained a "stroke" (the teacher was probably referring to a cerebral hemorrhage) at five years of age, and who has been falling more and more frequently in the class of late, fell and almost plunged her head through the glass door of a bookcase. Graham & Barrow (1956, p. 8) have warned against "the frightening over-usage of glass," in schools.

The teacher believes that this child should wear a protective helmet, but said that "There has never been a helmet in this school, as long as I can remember."

4) No special equipment of the type usually observed in classrooms for the physically handicapped was visible in either of these two classes.

5) Pupils' work was exhibited in appropriate locations about the classroom in both classes. However, in one class visible planning was totally absent so that it was not possible to evaluate the consistency of the work with stated objectives. In the other class, evaluation was not possible because the planning was so minimal.

6) The absence of elevators or ramps in this building necessitates having the bus driver for these classes engage in the unrecommended practice of carrying the children up and down the stairs leading from the entrance of the school to the first floor of the building.

c.) An evaluation of record-keeping procedures disclosed:

1) Medical reports are missing for some of the children in both classes. There was no psychological report available to either teacher on any child in her class, except where that child had been psychologically evaluated by personnel of the Meeting Street School. The psychological reports from Meeting Street School were felt to be excellent by both teachers. The only information furnished by the school psychologist, on the other hand, consisted of minimal psychometric findings, primarily the name and date of an intelligence test given and the I.Q. score or scores. One teacher did say a report would be given to her, if she went "downtown" and requested it. There is an I.Q. score available on every child, however. The children are re-examined psychologically every three years. A family study is not available on each child, but services are available for special request evaluations. What records there are of the children are kept in the room by the teacher. Personal cumulative records are not kept by either teacher.

2) On inspection of the records containing the I.Q. scores of the children revealed that each I.Q. score had been assigned a grade value, e.g. an I.Q. of 90 was assigned a grade of C—, and an I.Q. of 120 a grade of A It was not clear why this was done, unless the I.Q. was considered a reliable indication of the level of schoolwork a child should be capable of achieving—a dubious assumption at best.

3) In general, there was room for great improvement in the availability of records and in the record-keeping system employed in these two classes.

d.) In regard to eligibility, admission, and dismissal:

1) There is an annual medical evaluation and a dated statement by a physician for each pupil.

2) Presumably, only children with normal intelligence are eligible for these classes, and this policy has been adhered to fairly faithfully with respect to the older class; however, there are mentally retarded (i.e. multiply handicapped children) in the younger class.

3) There is no written or verbal policy known to either teacher which provides for a planned transition from the special to the regular school program, if the need arises.

4) There does not appear to be any interdisciplinary conference held prior to placement of a child in the special class, except for children referred from Meeting Street School.

e.) In regard to administration and supervision of the program:

1) The teachers of these two classes do not receive consistent and planned supervision. One teacher said that supervision by the elementary supervisor was given about "once a quarter." The other teacher said that, although consistent and planned supervision was not provided, she was free to call the elementary supervisor at any time.

2) A group known as the United Commercial Travelers take the physically handicapped children on an excursion once a year.

3) Neither teacher has any certain knowledge regarding the existence of a referral procedure or its operation. One teacher maintained that any teacher or principal in the school system can refer a child for consideration for placement in the classes for the physically handicapped.

4) Neither teacher knew of any referral procedure stated in writing.

5) Neither teacher knew of any philosophy, concerning classes for the physically handicapped, stated in writing or verbalized.

6) Art, Music, and Speech are taught by special teachers in the classes for the physically handicapped.

7) Music is taught once in two weeks and Art once a month. Speech is offered every week.

8) Evidently, no attempt has been made to integrate the program for the physically handicapped with the regular school program.

9) There are apparently no contacts at all with the other children in the school including general school assemblies, which the handicapped do not attend.

10) One child cannot go to Meeting Street School for physiotherapy, because his parents cannot furnish transportation. The teacher supplying this information said that this may only be part of the problem, implying that the parents either were not particularly eager to help or felt that the therapy was unnecessary. Another child recently broke his leg and was hospitalized. The hospital is now providing physiotherapy which the child had not heretofore received because, in the teacher's opinion, his parents didn't feel that he needed it and "They tend to see everything through 'rosy glasses'." Still another child simply refuses to go for therapy One of the teachers has a post-polio child in her class who is quite ambulatory, requiring neither wheel chair nor crutches to get about. The child has normal intelligence and the teacher feels that he belongs in the regular grades. She is concerned about the boy's mental health and negative attitude in class. This same teacher has a child in her class who missed being placed in a regular kindergarten class only because he couldn't climb the stairs to the class. In her own words, "Now he has missed out."

The teacher of the other class has a handicapped child in her class who, except for being unable to walk the entire distance to school, was capable of achieving in the regular grades. Because he was unable to walk the distance to school he was, according to the teacher, transported by the bus for the handicapped and placed in the class for the physically handicapped.

11) A teacher's helper (evidently a cafeteria worker) steps in occasionally to help in dressing and toileting the children.

12) The teachers take part in regular faculty meetings only at the beginning and end of the school year.

13) One teacher said that no one was available to construct special equipment for the class The other believed that such assistance might be obtained from the high school.

14) Both teachers think that they are receiving sufficient and adequate materials and supplies from the school.

15) The school nurse has contacted state rehabilitation personnel for assistance in the vocational placement of a child leaving the class; however, there is no evidence of any well-thought-through follow-up and placement procedure. The teachers stated that, to their knowledge, no such procedure has been developed thus far.

16) Concerning conditions governing the size of the classes, one teacher thought there was an unwritten policy that not more than 15 children should be enrolled in a class. She was not sure of this figure, because she had had 18 children enrolled in her class the previous year. The other teacher was also not sure on this point and said that she thought the maximum number was 22. She complained that no one communicated with her in these matters.

f.) Insofar as instruction is concerned, neither teacher used a plan book or lesson plans. One teacher claimed to carry her plans in her head "after all these years." Each teacher attempted to group the children for instruction in reading and arithmetic and with a fair degree of success. Both adhered to a daily schedule, if only roughly. The teacher of the younger group of children complained that she found it difficult to know how to deal with the "non-ambulatory" children and that she was not familiar with these. By "non-ambulatory" she meant primarily the cerebrally palsied children in the class, who constitute approximately 70% of the group. One such child, who kept falling out of her chair in her attempt to write at her desk, has been placed in a wheel chair and tied there, loosely, with a rope of yarn. However, she must now stretch even farther forward to reach the writing surface. (This problem could be remedied very easily. A special writing board, with a cut out space for the body, made to fit on the arms of a wheel chair and around the body can be constructed, with no difficulty, out of plywood.)

Several of her cerebrally palsied children exhibit disturbances in perception and conceptualization, characteristic of the so-called "brain-injured" child referred to earlier in this report. This teacher feels a definite need for special education courses which will provide her with the kind of knowledge and skill essential to understanding these children and their special learning disabilities. She is presently taking courses of this type and is trying to learn more about these kinds of problems Although she has had twenty-one years of teaching experience as an elementary grade teacher, only the last four years have been spent with the physically handicapped. In any event, she has begun to employ special educational instructional procedures in her instruction.

In two years the children in these classes have only gone on one excursion, and this excursion was sponsored by a local civic group and not by the school. The reasons given by the teachers for the absence of field trips were that too many of the children were non-ambulatory and that it would be hard to get them upstairs in a museum. If by any chance these were valid reasons for omitting excursions from the program, then several major universities in this country would have to abandon their programs for the physically handicapped at both the graduate and undergraduate level.

These children do not go outside on the playground for any kind of recreation activity, not even the ambulatory ones. One teacher favors sedentary recreation activities for the children such as chess, checkers, and various table games, while the other objects to the amount of time required to dress the children in order for them to go outside, and fears that the feelings will be hurt of the children who cannot run.

2. *School "B"*. This recently constructed school, built on the "cottage plan," consists of three separate units, one of which houses a classroom for the physically handicapped, a classroom for trainable mentally retarded children, and a speech therapy room. The remaining two units provide for typical children from kindergarten through grade six.

The classroom for the physically handicapped is the only one of the four in the public schools of Rhode Island which was specifically designed for use by physically handicapped children. At present, four other towns send nine physically handicapped children to this class.

a.) At this school, a class has been organized for 10 children who attend the morning session (9 a.m. to 11:30 a.m.), and one for 9 children who attend in the afternoon (1 p.m. to 3 p.m.). In the middle of the school year this schedule is altered so that the afternoon group receives the extra one-half hour of instruction Both classes are taught by the same teacher. In the morning class the ages of the children range from 8 to 15 years, while in the afternoon the spread is from 9 to 21 years. One 17 year-old girl in the class is engaged to be married. The 21 year-old young man comes to the class rather than sit home.

One of the most significant facts about these two classes is that no child exhibits an intelligence quotient above 60 in the morning group and none exhibits one above 94 in the afternoon group. What this means, essentially, is that this city, whether intending to or not, is operating a program for the multiply handicapped. It is somewhat apparent why this should be the case, for 58% of the children in these classes are cerebrally palsied and they are just about evenly split between the two sessions. (See Table I.)

TABLE I

Type of Handicap Represented and Frequency

	a.m. group	p.m. group	
Handicapped	freq.	freq.	Total
Cerebral Palsy	6	5	11
Epilepsy	2	1	3
Mus. Dystrophy	1	0	1
Aphasic[b]	1	0	1
Post-polio	0	1	1
Hemophilia	0	1	1
Blind	0	1	1
Total	10	9	19

[b] This child is also noticeably emotionally disturbed.

Except for the blind child, these two classes illustrate, to some extent, the trend previously listed toward greater incidences of cerebral palsy, congenital anomalies, and neurological conditions attributable to birth injury, i.e. if some forms of epilepsy can be included under the last of these.

b.) Insofar as physical characteristics of the classroom:

1) The unit size of this classroom is approximately .96 (a classroom unit being taken as 900 sq. ft.) thus alloting about 85 sq. ft. of space for each child. This amount is quite ample.

2) Lighting from overhead fluorescent fixtures and from glass panes along one entire wall provided uniformly diffused illumination excellent for general classroom activities.

3) Desks, tables, chairs, etc were sturdy, of varying sizes, and completely up-to-date in keeping with the general modernity of the entire school.

4) Special equipment included a television set, an electric typewriter, a piano, a sink, a movie screen, stand-up tables (support child in standing position), an excellent hi-fi record player, and a recently donated kiln.

5) No handrails were provided on stationary blackboards, no movable chalkboards and bulletin boards were available to accommodate wheel chairs, the cloak-rooms were placed outside the room (but only just outside), and, lastly, a separate room for resting was not provided. Toilets were located conveniently within the room.

c.) An evaluation of record-keeping procedures disclosed:

1) The generally recommended practice of having a copy of the child's psychological report available to the teacher in the classroom in a locked file has evidently not been adopted.

2) The principal was not aware of any established periodic psychological re-evaluation policy, but she stated that such examinations were available on request.

d.) In regard to eligibility, admission, and dismissal:

1) An annual medical evaluation and dated statement are provided by a physician for each pupil.

2) A candidate is obviously not required to have normal intelligence for admission to this class.

3) There is no written policy providing for a planned transition from the special class to the regular school program for those children who might require such a change. If a verbal understanding exists, the principal and teacher have not been informed of it.

4) The teacher believes an interdisciplinary conference is held prior to the placement of a child in the class, but is not sure. In any event, if such a conference exists, she has not been invited to attend

it. The principal believes that the psychiatrist examines the children and makes the recommendation for placement.

e.) In regard to administration and supervision of the program:

1) The teacher of the class for the physically handicapped is fortunate in having the former teacher of the class as her principal. The principal has taught the physically handicapped for many years and has taken courses dealing specifically with the education of physically handicapped children, e.g. the cerebrally palsied.

2) The principal supervises the teacher of the physically handicapped.

3) Four groups have all contributed generously to this program.

4) The exact procedure by which children are referred for placement is apparently unknown to the two individuals (the principal and the teacher) having direct responsibility for operating the program.

5) The referral procedure is not known to be stated in writing.

6) No philosophy of the special class is known to be stated in writing.

7) The services of a speech therapist are provided for these children on a fairly sustained basis. The therapist gives every indication of having a sincere interest in and desire to help these children.

8) No attempt has been made to integrate the program for the physically handicapped with the total school program.

9) Apparently, contacts with non-handicapped children are minimal or non-existent.

10) The principal feels that there is no question but that some of the children should be receiving physiotherapy, but she views the likelihood of obtaining such therapy as remote.

11) The school has a regulation prohibiting the use of volunteers (i.e. untrained personnel) in the class for the physically handicapped; however, the teacher of homebound children is occasionally able to come to the class to help out. The bus driver for this class has an assistant too.

12) The teacher of the class does participate in the regular faculty meetings with the other teachers.

13) A school carpenter is available to construct special equipment for the class, if the need arises.

14) The teacher feels that sufficient and adequate materials are supplied by the school.

15) There were no indications that attention had been given to follow-up and placement of a child after he leaves the program. Though some of the children are probably able to profit from rehabilitation services and vocational guidance, the teacher's comment in response to the question concerning follow-up and placement was, "Look at them! Where are they going to go after they leave here?"

Insofar as *instruction* is concerned, there was no evidence of a planned program in this class. The teacher stated that she plans "out of my head." None of the pupils' work was in view on bulletin boards, blackboards, or in other appropriate places in the room. The teacher maintained that the children knew what they were going to do. She said that she had once attempted to adhere to a schedule but found that it was of no help and, hence, dispensed with it.

Field trips are not taken with the afternoon group, since the bus, which incidentally is equipped with a hydraulic lift, is only available for the morning class. The teacher estimated that an average of six field trips are made each year with the morning class.

In all fairness to the teacher, it should be noted that, although she has had virtually no special preparation for work with physically or mentally handicapped children, she is being confronted daily with incredibly difficult instructional problems related to both of these areas. Some of these problems are of such a highly specialized nature that they would tax the abilities and resources of even the most skilled and well-prepared individual trained to teach the multiply handicapped. Compounding the difficulties inherent in the instructional situation is the fact that pressure is being brought to bear by parents whose children in the class are both mentally retarded and physically handicapped, and who without realizing it are requesting that impossible demands be made on their children in the educational setting.

3. *School "C"*. This class is located in a regular elementary school which also houses elementary classes for typical children. This class has only been in operation since September of 1961, but it is definitely offering the best educational program for the physically handicapped in the public schools of Rhode Island.

a.) The class enrolls 8 children between the ages of 6 and 14. Except for one cerebrally palsied child, whom the teacher believes to be trainable mentally retarded, all children in this class have intelligence quotients indicative of approximately average intelligence or better. The intelligence quotients range from 85 to 140. As is so often the case with cerebrally palsied children, the intelligence of the child suspected of being mentally retarded has been difficult to estimate, using instruments standardized on typical populations.

Of the 8 children enrolled in the class, 5 are cerebrally palsied (i.e. 63% of the class), 2 are spina bifida cases (a congenital malformation consisting of a defect in the vertebrae through which the contents of the spinal canal may protrude), and 1 is a polio victim. Again, it should be noted that the cerebrally palsied constitute the largest group within the class. This phenomenon occurs in each public school class for the physically handicapped in Rhode Island. The class is in session from 8:30 a.m. to 2:30 p.m. each day.

b.) Insofar as physical characteristics of the classroom:

1) This is the largest of the four classrooms for the physically handicapped in Rhode Island. With only 8 children enrolled, there was more than ample room for each pupil.

2) Lighting was adequate for most school activities.

3) Besides the usual desks of varying sizes, tables, teacher's desk and storage space, this room contained a filing cabinet very neatly recessed in the wall. A drinking fountain was located in the room, as were the toilets, and a sink.

4) The room was supplied with movable partitions for separating a special rest area from the main part of the classroom. Not only were collapsible canvas cots provided for resting, but, also, a foldaway bed. An electric typewriter, and a Bogan hi-fi setup (turntable, amplifier, and speaker separated) were part of the equipment available to the pupils. In addition, the room contained a tubular walker, a stand-up table, a large celotex bookrest for a cerebrally palsied boy and a special cut out desk for the boy.

c.) An evaluation of record-keeping procedures disclosed:

1) There are both a medical and psychological report on each child in the class. These are kept by the teacher in a locked file in the classroom.

2) A family study is not available on each child, but the guidance counselor visits the home and works closely with the parents.

3) An I.Q. score is available on each child.

4) Services are available for special request evaluations.

5) Personal cumulative records are kept on all the children and entries are made at regular intervals. The children are also re-evaluated psychologically at regular intervals.

d.) In regard to eligibility, admission, and dismissal:

1) An annual medical evaluation and dated statement by the doctor is provided for each pupil.

2) Mentally retarded children are not eligible for the class.

3) A conference is held prior to the placement of the child in the special class; however, the teacher complained that the information coming from the "interdisciplinary team" was less than adequate. She felt that more specific recommendations should be

forthcoming from the psychologist and that speech therapy must be provided on a more intensive basis.

e.) In regard to administration and supervision of the program:

1) The teacher feels that she is receiving consistent and planned supervision.

2) Both the principal and the guidance counselor furnish such supervision.

3) A fairly standard referral procedure has been established.

4) The referral procedure is not stated in writing.

5) The philosophy of the special class is not stated in writing.

6) The special class is included in the regular schedule of special subject teachers of art, physical, and music.

7) The special subject teachers generally come to the class about once a week. The physical education teacher comes once a month.

8) Integration is stressed in this program. The children and teacher of this class are well-accepted by the rest of the children and teachers in the school. Non-handicapped children from the regular grades come to the class voluntarily to play with the children, both in class and on the playground. The children from the class for the physically handicapped attend the regular school assemblies, and some of them are sent into the regular grades for music, science, and other instruction.

9) The teacher is assisted by an aide who also drives the school bus for this class.

10) The teacher of the class for the physically handicapped attends regular faculty meetings.

11) A school carpenter makes special equipment for the class.

12) The teacher claims that she is able to get all the supplies and equipment she wishes through the School Department.

13) An established follow-up and placement program has not been developed; however, the class has only been in existence a short time.

f.) Insofar as instruction is concerned, this was the only class visited in which a plan book was used. The plan book was kept up-to-date. It was also the only class in which individual lesson plans were available and used. Each child had his own assignment book. Special educational materials were used, as well as special educational procedures, e.g. distractible cerebrally palsied children were isolated with large folding screens or shields during certain types of instruction. A total of 8 field trips were made during the first year that the class was in session.

4. *Large City I—Home Instruction.* The home instruction program in this large city gives every indication of being directed in an efficient manner by a capable school administrator. The principal of an elementary school "inherited" the program many years ago and, despite no particular training in the area of the physically handicapped, has done what appears to be a splendid job.

Home instruction is limited to residents of this city, while hospital instruction is made available to children of non-residents on a tuition basis only. As of September, 1962, 57 children were receiving home instruction or hospital instruction at the elementary level, 20 at the junior high school level (i.e. grades 7 to 9), and 12 at the high school level. Of this total number, only about 4 of those receiving home instruction and about 6 of those hospitalized could be designated as more or less permanently handicapped (i.e. homebound or hospitalized 6 months or more). For the school year 1961-1962, 66 children received instruction at the elementary level, 42 at the junior high level, and 19 at the high school level. Thirty-two were hospitalized cases and of this number 14 were tuition pupils.

Seven home teachers, all certified, are presently handling a total caseload of 56 pupils. The individual caseloads vary anywhere from 5 to 11; the number of children receiving instruction at any given time naturally fluctuates greatly as children return to school after being treated medically. Those presently on home instruction, who are considered permanently handicapped are about five in number. The handicaps represented in this group are as follows: 1 cerebral palsy, 1 "paresis of the leg," 1 spina bifida, 1 muscular dystrophy, and 1 post-polio.

Because children have sometimes received one lesson and then been discharged from the hospital, a policy has been instituted whereby an application cannot be made for instruction until after a 7 or 8 day period of hospitalization. Careful records are kept on all children receiving home and hospital instruction. These include a progress report which is sent to the receiving school describing, among other things, the lessons taught, text books used, and the subjects or pages covered. The time the child entered and left the program is also recorded along with the exact number of hours of instruction given. Because a child can undergo many interrupting operations in a period extending over months and, hence, may be actually receiving instruction only sporadically, this latter information is vital.

This program seems to be functioning smoothly and effectively and is meeting, well, a real need in the school program. Many letters of appreciation have been received by the principal from parents of children who are receiving or have received home instruction. Many parents are amazed to find that the school system offers such a program.

The possible use of the school-to-home telephone has been discussed by school officials, but this service has never been implemented in this school system. If funds are made available, such a service may prove to be of great benefit to any child who is permanently homebound.

5. *Large City II—Home Instruction.* This city employs three full-time home teachers—all certified—who are supervised by the director of guidance. At the present time, the teachers are carrying caseloads of 11, 12, and 7, making a total of 30 children receiving home instruction. The school system has had a school-to-home telephone program for over three years which has proven highly successful. It is available only at the junior high level, however. The home teachers provide visual exhibits to accompany the telephone instruction. Four students are currently receiving the school-to-home telephone instruction. All four students are able to communicate with each other, prior to the formal opening of class each day. It is probable that such contacts have a positive effect on the four students in that the resultant social communication may tend to decrease feelings of isolation and facilitate identification with the class as a whole. Unfortunately, one of the children (a post-polio case) is on telephone only because all junior high schools in the city have stairs and the child is unable to climb stairs.

In this city, a regulation has been established whereby only children who are likely to be incapacitated for one quarter of the school year or more are eligible for home instruction. A daily attendance record is kept by the home teachers. Only permanently homebound children, who have never attended school, are carried on the home teacher's register. Regular Monday meetings of the director of guidance and the home teachers are held.

The director of guidance revealed the interesting fact that some handicapped children, who are afraid of slipping and falling during the winter months, remain at home and go on home instruction. She also stated that if more courses dealing with the education of the physically handicapped were offered that the home teachers would be interested in taking them.

Table III lists the type of handicap and its frequency among children presently enrolled in this community's home instruction program, who are considered more or less permanently physically handicapped. Note that virtually all of the 30 children receiving instruction fall into this category.

TABLE III

Type of Handicap and Frequency

Handicap	Frequency
Post-polio	4
Perthe's Disease	2
Rheumatic Fever	2
Diabetes	1
Post-brain Surgery	1
Bone Disease	1
Curvature of Spine	1
Spina Bifida	1
Orthopedic Hip Surgery	1
Asthma	1
Cerebral Palsy[a]	2
Muscular Dystrophy	2
Leukemia	1
Clubbed Foot	1
Hip Cast[b]	1
Birth Injury[b]	1
Total	23

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[a] Diagnosis questionable in one case.
[b] Defect not specified.

There are indications that the pressures being created by the "changing outlook" in the education of the physically handicapped are beginning to be keenly felt in this program. Regrettably, it appears that the philosophy is being rejected which holds that the public schools are responsible for the education of *all* children of school age capable of profiting from such education. One school official remarked, "We are now operating what should rightfully be called public schools *and institutions*. Teachers aren't meant to be nurses."

The guidance director, the director of special education and the assistant superintendent all admit that a pressing need exists for a class for the multiply handicapped (in this instance, mentally retarded and physically handicapped). At present, there are four multiply handicapped children who would be considered eligible for placement in a class of this type; furthermore, the director of special education believes that some children, not receiving home instruction, could be enrolled too if the class were located in a single level building. As the director of special education remarked, "We get frantic because most of the buildings have stairs."

The director of special education expressed a desire to see the class for the multiply handicapped located in another city, particularly in view of the fact that this other city will not now accept mentally retarded children in its classes for the physically handicapped. She feels that this should be a state-sponsored class, and that her children should attend it on a tuition basis.

6. *Large City III—Home Instruction.* This city presently has about 25 physically handicapped children in the regular grades or on home instruction. Two children are transported to the special classes for the physically handicapped in another city, and one child who is unable to climb stairs, is transported to a single level school building. Between 11 and 14 are receiving home instruction on an average of 2 to 3 hours a week. This system employs one home teacher—she is certified—to teach these children. The teacher confers with individual principals concerning programming for the homebound pupil.

The following handicaps are listed, along with their frequency, to give some indication of the variety of conditions which can be found in one school system:

TABLE IV

Type of Handicap and Frequency

Handicap	Frequency
Markedly Pronated Feet	2
Rheumatic Fever	5
Congenital Heart Disease	3
Recurrent Inguinal Hernia	1
Bronchial Asthma	4
Cerebral Palsy	2
Rheumatoid Arthritis	1
Tumor of Leg	1
Systolic Heart Murmur	1
Infectious Mononucleosis	1
Post-polio	1
Bilateral pes planus	1
Congenital dislocation of hip	1
Dwarfism	1
Total	25

The superintendent of schools views special transportation as the major problem in the program for the physically handicapped. Although he believes that a bus with a hydraulic lift is desirable, he feels that the cost of such a vehicle is prohibitive.

7. *Large City IV—Home Instruction.* This school system employs two full-time certified home teachers. These teachers try to visit each child under their tutelage at least three times a week and sometimes five times. An effort is made to provide at least one hour

of instruction on each visit. Supervision of the home teaching is furnished by the assistant superintendent.

The home teachers work in cooperation with the regular homeroom teachers, with the home teacher carrying the child on a separate register until the child returns to the regular class. At that time the child goes back on the regular register.

Presently, two students, confined to wheel chairs, are attending a regular high school. One of these is a muscular dystrophy victim, and, incidentally, an honor student, while the other is an accident case, injured at five years of age. The home teacher assisted this child, who had never attended school prior to high school, in making an adjustment to the classroom situation. This was a difficult transition, a problem which has received attention in the recent literature (Rusalem & Jankins, 1961) but it was made successfully with the help of the home teacher.

The number of children receiving home instruction in a community at any given time naturally varies a great deal. Indicative of this is the fact that only one child in this school system received home instruction in the school year of 1961-62—an infectious mononucleosis case. There are no permanently handicapped children in the program at present. The school census for the year 1960-61 showed 30 children with a physical motor defect, 30 with a physical health defect, and 9 multiply handicapped. On the basis of these figures, as contrasted with the number of children receiving home instruction, it appears that most of the system's physically handicapped are in the regular grades. Actually, these figures are difficult to interpret because they include 3,500 children in parochial schools, children not yet of school age, and some older children not in school. It was pointed out that Meeting Street School in Providence refers children, who reside in the city, to the program.

Apart from the home teachers being hard-put to teach the great variety of subjects demanded at the junior high and high school levels, the assistant superintendent felt that the education of the physically handicapped constitutes no real problem for the educator in this city.

8. *Large City V—Home Instruction.* This city has one home teacher who, as was indicated earlier, helps in the class for the physically handicapped when she has free time. She is certified but has taken no coursework in the education of physically handicapped children. At the present time, she handles a caseload of fourteen, eleven on an individual basis and three in a group.

The teacher attempts to provide a minimum of three hours instruction a week to each child capable of taking this much. Of the fourteen homebound children, only four are considered more or less permanently physically handicapped; the rest will return to the regular grades. The teacher lacked a rudimentary familiarity with the diagnoses of the children's conditions, but as nearly as she could tell they were as follows: (1) a "brain-injured" child, (2) a child with an emotional disorder and a "dislocated hip," (3) a child with a kidney ailment (possibly nephritis), and (4) a child recuperating from an operation for a brain tumor.

In this program the home teacher is supervised by the director of elementary education.

9. *Large City VI—Home Instruction.* At present, this city has two home teachers, both certified, handling caseloads of 8 and 7 respectively. Two students in senior high school are on home instruction, as a result of injuries incurred in an automobile accident, but neither is considered permanently handicapped. Another high school student with a cardiac condition is on more or less permanent home instruction, and one child at the elementary level, on a school-to-home telephone program, is considered to be in this category. The remaining children on home instruction are generally only temporarily incapacitated.

In this program, a "referral counselor" acts as a liaison between the home and the school. This individual also supervises the two teachers and meets with them two or three times a week. Referrals are made to the school from a variety of sources: family service and mental hygiene agencies, pediatricians, state agencies, and parents who have heard about the program.

The home teacher reported that in this program a daily attendance record of each home class is not required and that the home teacher is not required to file a signed daily attendance report monthly with the principal of the attendance center to which the home student would attend or be assigned if he were in a regular school.

No minimum weekly requirement for instruction has been established, but children are usually instructed on an average of three hours a week. The home teacher confers with the regular grade teacher once a week to check on subject matter covered and to discuss any problems which may arise. The regular teacher grades all work done by the child on home instruction. Requests for instructional supplies and equipment are made by the home teacher to the regular grade teacher.

This teacher, like the director of the home instruction program in another, pointed out that many parents do not realize that the school system offers home instruction.

Recommendations

A. All teachers of the physically handicapped in Rhode Island should be required to meet certain minimum training requirements established by the State Department of Education. The minimum qualifications set forth by the Division of Special Education of the State of Illinois (Wilkins, 1959) illustrate the kind of requirements which could serve, subject to modification, as a basis for the development of a program leading to certification as a teacher of the physically handicapped.

It must be remembered that, in setting up any program for the certification of teachers of the physically handicapped, about 45 per cent of children now enrolled in these classes in the United States are cerebrally palsied and over 70 per cent of these are below normal in intelligence (Fenton & Connor, 1959, p. 262). The Rhode Island classes for the physically handicapped reflect the increase in this particular condition and perhaps, also, the increase is being reflected in the classes for the mentally retarded.

In view of the significantly larger numbers of these children in classes for the physically handicapped, coursework specifically related to the education of cerebrally palsied children and children with other kinds of neurological disorders should be included in the minimum certification requirements in addition to specific coursework in: survey of exceptional children, methods of teaching the physically handicapped, medical aspects of crippling conditions, and practice teaching with the physically handicapped. In addition, with the recognition that physically handicapped children may also be mentally retarded, methods and materials used in teaching the mentally retarded should be included in the professional preparation program.

Because the number of teachers of the physically handicapped is so small in Rhode Island, and because there is little reason to believe that the number of these teachers will need to increase greatly in the future, it may prove impractical to institute a total program leading to certification of teachers of the physically handicapped in a college or university in Rhode Island; nevertheless, appropriate courses in the State should be made available whenever possible.

B. The State Board of Education should set up regulations or standards relating to the organization of special classes and home instruction for the physically handicapped and/or the multiply handicapped.

C. The State Department of Education should develop a clear working definition of the term "physically handicapped" which should encompass "special health problems." The need for clearer definitions in enacting legislation, in census-taking, and in developing adequate educational programs is obvious. It was found during the course of this survey that many people concerned with the school census were confused about the meanings of the various terms used to designate categories of handicapped children and about the overlapping between categories. Several administrators were frankly skeptical of the census results, and complained that the census did not indicate how many of the handicapped were actually in school or in the regular grades as opposed to special classes. A self-survey of special education needs by each community may help to solve this problem. A plan for conducting such a survey is available.

D. The State Department of Education should appoint to its staff a Consultant on the Physically Handicapped. He would be available to administrators and teachers at the local level for consulting on programming. In addition, he would act as a liaison between state rehabilitation or volunteer agency officials and the schools.

E. School buildings should be constructed with the needs of the physically handicapped (in fact, all children) in mind. Too many children in Rhode Island are remaining on home instruction, or are being deprived of a regular class or special class educational experience, because they are unable to climb stairs. Unified programs of education and therapy should be instituted wherever possible, and the architectural planning should result in facilities allowing for these.

F. Admission to a special class for the physically handicapped should be based not on a medical recommendation and an I.Q. score, but on the findings of an interdisciplinary team. An effort should be made to diagnose the child's learning problems, and a proposed educational program should be mapped out, before the child is enrolled in the class, which minimizes the child's weaknesses and capitalizes on his strengths. More frequent re-evaluations and case conferences may be necessary, where the multiply handicapped child is concerned, because of the lack of reliability and validity of current diagnostic instruments when used with these children (Henderson, 1960, p. 92)

G. The teacher of the class for the physically handicapped should participate in the interdisciplinary evaluation. She is the one most familiar with the social composition of the group into which the child will be placed. She has much to say about the feasibility of any recommendations in terms of her own time and resources.

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[2] *Self-Survey of Special Education Needs*, Institute for Research on Exceptional Children, College of Education, University of Illinois, June, 1955.

H. To increase the efficiency of home instruction programs, it is recommended that school administrators and home teachers explore the possibility of using auto-instructional devices, including various types of programmed instruction.

I. Whenever and wherever possible multiply handicapped children, after careful differential diagnosis, should be placed in special classes organized to meet their unique needs. Physically handicapped children, who have normal intelligence and are not multiply handicapped, should, if they are capable, be placed in a regular grade or in a special class organized expressly to meet their needs.

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Chapter VII

THE EDUCATION OF THE SPEECH AND HEARING HANDICAPPED AND THE DEAF

Introduction

Of the almost 200,000 school-aged children and youth in the public schools of Rhode Island, at least four per cent (or 8,000) of these children have speech and/or hearing problems requiring special services. These children may become handicapped socially or educationally because of their difficulty in expressing themselves normally or in understanding the speech of others. In the early grades, a large number of children are unable to speak many of the sounds of English; sometimes this is called "baby-talk". Other common difficulties, found at all grade levels, are the following: stuttering or stammering, voice abnormalities, and foreign dialects. Also included are those children having speech impairments due to hare-lip and cleft palate, faulty dental conditions, hearing loss, cerebral palsy, and a variety of injuries.

Of the approximately 8,000 children in Rhode Island having speech or hearing problems, about 5,000 are not receiving necessary special educational services. This is true even though major developments have occurred nationally and regionally during the last ten years, for there is great variation in sufficiency of programming from state to state and town to town. The 1959-1960 American Speech and Hearing Association study of national resources and practices in speech and hearing, sponsored by the U. S. Office of Education, indicated the necessity of studying state and local situations, congruent with the charge given this survey team by the Legislative Commission.

Method of the Survey

The Speech and Hearing consultants wrote to the Superintendent of Schools of each system in which speech and hearing therapists were employed on a full- or part-time basis, requesting permission to visit the system to observe the program in action and to interview the therapists personally. A similar letter was sent to all therapists. Similar correspondence occurred with administrative and other appropriate staff members of the Rhode Island School for the Deaf, The Rhode Island Hearing Center, the University of Rhode Island, Rhode Island College, and the Meeting Street School, all of whom function either under the State Department of Education or in a closely related way with public school systems in relation to speech and hearing services.

From May to December 10, 1962, each system or agency in the State was visited for one or two days. Prior to the visitation, each therapist was sent and requested to complete two questionnaires totaling one hundred and twenty-six items relating to case-finding, selection, diagnostic procedures, therapy programs, therapist-training, nature of allied personnel and facilities, equipment, budget, and so on. These questionnaires were developed by the American Speech and Hearing Association in a joint effort with Purdue University and the United States Office of Education. The questionnaires served as a basis for the face-to-face interview. In addition, a supplementary interview form developed by the consultants was utilized to gain additional information. Whenever possible, sessions of therapy were observed; in addition, all therapists in systems having more than one were interviewed, sometimes together, other times, individually. In many instances, follow-up mail correspondence for clarification purposes occurred. The two consultants in speech and hearing met intermittently and combined, in final coordination, to prepare the present report.

Speech and Hearing Therapy Programs

In the United States public school provisions for children handicapped by speech disorders, hearing deficiency or deafness vary according to the needs of the child and the type and severity of the handicap. Children with speech disorders and mild hearing losses are enrolled in regular classrooms but receive speech and hearing therapy once or twice weekly from an itinerant therapist. In the regular classroom, some teachers have developed a speech improvement program for the speech problems that do not require speech therapy. For children handicapped by deafness or severe hearing loss, complete educational programs oriented towards their handicap have been developed in residential schools or in special classes in the public schools. The goal of all of these programs is to assist children to achieve the maximum effectiveness in speaking and listening of which they are capable.

Throughout the United States, programs for the speech and hearing handicapped have expanded rapidly since 1945. An attempt is made to provide for:

1) Speech instruction in the regular classrooms so that children with minor problems can be helped without enrollment for speech and/or hearing therapy.
2) Diagnostic testing which is sufficiently complete to determine the child's need for therapy or special education, the type of therapy or education needed, and the related services and parent contacts required.

3) A sufficient amount of therapy time with each child to result in maximum improvement in the shortest period of time.
4) Appropriate space, surroundings, equipment and teaching or therapy materials.
5) Maximum opportunities for children in special classes and residential schools to be in contact with normal children and normal family situations.
6) Personnel highly trained to a degree enabling the implementation of the above to occur.

Among recent developments in this field have been a greater participation of speech and hearing specialists in the classroom and therapy programs of children in special classes for the mentally retarded and physically handicapped and the creation of special classes for children with receptive or expressive language disorders (aphasia-like conditions).

The situation in Rhode Island parallels that of the entire United States. While the programs of the School for the Deaf (1877) and a few cities have existed for many years—the Providence speech program began in 1925—the expansion of these and the development of new programs have occurred mainly within the past ten years.

During the course of this study, the consultants visited and interviewed 33 speech and hearing therapists in 13 school systems. Speech and hearing therapy programs exist in all of the seven cities—Cranston, East Providence, Newport, Pawtucket, Providence, Warwick and Woonsocket, but only three towns have full-time therapists—Barrington, Cumberland and Johnston. North Kingstown employs a therapist three days per week. Bristol and Warren each provide therapy one day per week. Hearing therapy and speech therapy is combined in all of the above cities and towns except Providence, which has separate itinerant hearing therapists for the less involved cases of hearing loss and the Windmill Street School program for children with severe hearing loss. There is great variability in the extent, type, and organization of services provided, without regard to the size of the school population involved. Strengths and weaknesses were observed in all programs which were not unlike those reported in the nation-wide study conducted under the auspices of the U. S. Office of Education.

Speech improvement programs in regular classrooms exist in only a few instances, and even then are only partial programs. However, most speech and hearing therapists visited expressed a desire to participate in speech improvement programs as consultants to classroom teachers. Recent research supports this recommendation. There is new evidence that a speech improvement program conducted by kindergarten and first grade teachers, with guidance from speech and hearing therapists, substantially reduces the number of children requiring speech therapy in the second and third grades and contributes to the effectiveness of the reading readiness and language arts programs.

A. Case Finding. In case finding of children with speech disorders, there is major dependence upon teacher referrals, although about half of the speech therapists also do screening testing of all first or second grade children and new children in the school system.

In North Kingstown, the therapist visits each class of the first three grades and talks to each child individually and informally while he is at work.

Teachers are rarely given any specific guidance regarding which children should be referred to the speech therapist. The therapists have not developed clearly defined criteria for determining which children should be enrolled for speech therapy; however, this too is a national condition. It was observed that some children enrolled for speech therapy had mild speech problems which should respond to appropriate classroom instruction from the classroom teacher.

The very few voice disorders in the therapist's case load indicate that either voice disorders are not being detected by the teacher referrals and screening testings or that the therapists decided not to include them in their case loads. Certainly the number of voice cases reported is substantially less than might be expected.

Case finding of children with hearing loss is accomplished in most systems by audiometric screening testing every two or three years. Both the Massachusetts Group Pure Tone test and an individual pure tone sweep test are used, with the latter method being used in about two-thirds of the school systems. The testing is done in a variety of ways. In some school systems, the audiometric testing is one of the duties of the speech and hearing therapist while in others, this testing is done by the school nurse. In Providence two hearing therapists devote about three-fifths of their time to audiometric testing. A few towns having therapists use the program of the Rhode Island Hearing Center, which also provides a hearing testing program for towns throughout the State that do not employ speech and hearing therapists. As a result of this state-wide service, a large number of problems of hearing loss are detected, although the Hearing Center's small staff does not provide complete service.

There was little, if any, participation by public school personnel in a program of detection of speech and hearing problems at the pre-school level. A notable exception was an experimental program being conducted by one therapist in Pawtucket. A need for earlier (pre-school) detection of speech and hearing disorders to provide prevention and earlier treatment is apparent, although the program is more logically the responsibility of the State Department of Health. Nevertheless, early detection and treatment would reduce the problem at the public school level.

B. **Diagnosis.** Except in a few towns, and with the more severe cases, diagnostic work-ups of children with speech disorders appeared minimal, despite the reported availability of test results in the school files. The exceptions were the detailed case studies of children in Warwick and Johnston. East Providence and Cranston, particularly, are able to refer children for more detailed psychological testing within the limits of the school psychologists' heavy case loads. Cranston also has two school psychiatrists for diagnostic consultation.

While a large proportion of the less severe articulation disorders may not necessarily need extensive diagnostic workups, there appeared to be a lack of diagnostic data for the more severely involved speech cases. Diagnostic record forms that would encourage adequate diagnosis were not used by most therapists, although a few programs provided excellent diagnosis and case records. In general, the speech therapists themselves expressed the desire for more detailed diagnosis as a basis for planning therapy. In many instances heavy case loads worked against the wishes of the therapists.

Diagnostic procedures are more uniform for children with hearing loss. Children who fail the audiometric screening test are given the more thorough threshold hearing test. All children with thresholds below normal are referred for otological medical diagnosis. Some school systems employ school otologists and conduct ear, nose and throat clinics in the school setting while others refer to private otologists or hospitals. In Providence an otologist, nurse, and hearing consultant provide a complete medical and audiometric diagnosis. In all programs parents are contacted regarding the need for medical diagnosis by the speech and hearing therapist, school nurse, or hearing consultant, depending upon the personnel available. A large number of parents fail to follow the recommendations and their children, therefore, do not receive the needed attention. Children requiring additional diagnostic testing after medical diognosis—that is, speech reception testing, hearing aid evaluations, etc.—are usually referred to the Rhode Island Hearing Center at the School for the Deaf or the Rhode Island Hospital Hearing and Speech Clinic. A new program is also being developed at the Memorial Hospital in Pawtucket, while several other hospitals in the Providence region are trying to provide service.

There is a need for more intensive team diagnostic activity within the school system. Opportunities for various school personnel to confer about a specific child need to be provided on a planned basis. The informal conference that was observed in Warren, in which a specific child was discussed by the speech teacher, principal, school nurse, reading consultant and classroom teacher should occur much more frequently in all towns and cities. There is also a need for a diagnostic center to which speech as well as hearing problems can be referred for more detailed diagnostic study by a team of medical, educational, psychological and therapeutic specialists. This type of team diagnosis, now conducted at the Meeting Street School, needs to be made available to a larger number of children. Consideration should be given to the establishment of a diagnostic center in the School for the Deaf buildings, or the provisions of public funds to finance expansion of the Meeting Street School and Rhode Island Hospital facilities (see under "Recommendations"). Children with learning difficulties in school, associated with receptive or expressive language disorders, are particularly in need of such a team diagnostic work-up. It appears that many children with learning problems or severe speech disorders in regular classrooms as well as in special classrooms for the mentally retarded may have perceptual problems associated with language disturbances. A team diagnosis of these children might indicate a different educational and therapeutic program. Such a team diagnosis could result in more effiicacious planning for children with severe speech disorders, severe hearing loss and deafness. Decisions concerning educational placement in a regular classroom with supplemental therapy, in a special class, or in a residential school, are made more wisely by discussion among the members of a diagnostic team representing all disciplines and educational settings.

C. **Therapy Organization and Procedures.** Observations of actual speech and hearing therapy sessions revealed wide variations in the therapeutic procedures used by different therapists. Examples of the many therapeutic approaches recommended by leading authorities were observed. No one particular approach predominated. The therapeutic climate was good in most instances. Each therapist appeared to be using approaches with which he felt comfortable and was most skilled. And each therapist appeared to be achieving a measure of success in the therapy setting, although the rationale of the specific therapy approach was not always apparent. Despite the limitations of time, space, and equipment, all therapists could be said to be skilled in the therapeutic approaches they chose, and in imaginative use of materials, activities, and assignments.

An analysis of therapy organization reveals that almost all of the children are seen only once weekly for periods of approximately thirty minutes. Only the Henry Barnard School and the Cranston speech therapy programs provide two therapy sessions weekly on a regular basis and the Windmill Street School provides daily hearing therapy sessions. While most groups do not exceed five children in size, six therapists reported working with groups of ten regularly. The number of children seen by full-time therapists ranges from 75 per week to 275 per week. Approximately 3500 children are receiving speech and hearing therapy in the public schools of the State, an average case load of 150 cases per full-time therapist. Two towns use the same therapist one day a week each and she reports nine groups of eight to ten children.

The greatest proportion of children enrolled for speech therapy have articulation disorders. This type of speech problem constituted between 50% and 90% of the case loads. Stutterers constituted the next largest type of speech disorder. The two part-time hearing therapists reported case loads of 25 and 35 children. The majority of therapists reported the greatest concentration of children at the first grade level, with a few reporting their greatest concentration in the second and third grades. Very few therapists reported junior or senior high school students in their case loads.

Most of the therapists expressed the opinion that more than one session of therapy per week was needed. The inadequacy of the number of sessions per week is evident in the relatively low percentage of children dismissed in a year despite the fact that the greatest portion of the case load consists of the less severe articulation disorders for which prognosis is usually good. There is also some question as to whether the first grade children with articulatory disorders, who were dismissed, might have achieved the same results through a speech improvement program.

For the children selected for therapy, a minimum of two sessions weekly is indicated. For children with articulatory disorders, two sessions weekly should increase the number who could be dismissed in a year, and over a period of time should result in fewer total sessions per child for dismissal. For stutterers and the children with more severe speech and hearing disorders, a minimum of two sessions weekly is essential for speech therapy to be effective, even on a long term basis. Evidence of this can be found in the provision of daily hearing therapy in the Windmill Street program in Providence. In Connecticut and Massachusetts, regulations governing state reimbursement are based on a minimum of two sessions weekly.

In order to accomplish the minimum program organization outlined above, it will be necessary to reduce the number of schools served by each therapist, and, if an insufficient number of therapists exists, to rotate the schools served on an annual basis. The accomplishment of these minimum goals requires the kind of excellent administrative support and understanding that exists in Johnston, for example. In many programs there needs to be more interaction between the therapists and the administrator so that problems of program organization can be discussed. The case loads and number of schools served by most of the therapists is so excessive as to raise serious questions as to the results achieved for the funds expended. A smaller case load, in fewer schools, with more intensive therapy, should result, over a period of years, in successful therapy for a larger number of children.

Program organization also needs to provide for staff consultation on the more difficult cases, both with other speech therapists and related school personnel, as in Pawtucket, for example, where the three therapists meet weekly to staff specific cases.

D. **Related Services and Follow-Up.** An effective therapy program requires time for contact with parents and teachers whose understanding of the child's speech and hearing problem is essential. Time for this type of contact is obviously limited by the large case loads of many of the therapists. However, one city (Warwick) provides for home visits by all therapists for most of the children receiving therapy. In Bristol and Warren, the therapist invites parents to observe the group speech sessions. With an increase from one to two therapists in East Providence, more time has been allocated for contacts with parents of the children enrolled in the therapy program. In Pawtucket, one therapist has developed a system of teacher contacts and gradual reduction of therapy sessions to bi-weekly and monthly follow-ups as a child develops ability for self-correction. In general, however, there appeared to be a need for more contacts with parents and teachers of the speech handicapped children.

Follow-up is required for children referred to doctors, hospitals, or community agencies. This type of follow-up is usually good. The hearing consultant in Providence maintains excellent contact with agencies and clinics. The therapist in North Kingstown often accompanies children she refers to the Meeting Street School at the time of the diagnostic work-up. This type of follow up is time consuming and is seriously limited by current program organization and large case loads. However, many of the therapists report that they allot one half day a week for conferences and follow-up activities. This amount of time is minimal.

Some speech and hearing handicapped children need psychological services for emotional problems which contribute to or result from the speech and hearing disorder. While some diagnostic services are available, therapy for the child, or guidance for the speech and hearing therapist in relation to the emotional problem, is rarely available.

Another aspect of related services and follow-up is the vocational guidance program. While this aspect was not investigated directly, it is noteworthy that none of the therapists volunteered that they were involved in any activity in this direction. It would appear necessary that speech and hearing therapists need to become involved with vocational counselors in the planning of realistic vocational goals, especially for the more severe speech and hearing disorders.

E. **High School Level.** An area of minimal activity exists at the junior and senior high school level. Pawtucket and Warwick each assign one therapist for limited work in high schools. The speech teacher at Cranston High School devotes part-time to speech therapy. A tutoring and hearing consultation program is provided in Providence for a group of junior high school girls with severe hearing losses or deafness. Apart from these exceptions, programs for the majority of high school students who might need speech and hearing therapy appear to be non-existent. Although concentration of effort at the elementary level has obvious preventative value, there are students in high school for whom speech and hearing therapy would appear essential for social and vocational adjustment.

F. **Speech and Hearing in Special Class Programs.** Only a few therapists reported activity with retarded children or as consultants to teachers of retarded children. Classes for mentally retarded children contain a larger proportion of speech, hearing and language disorders than regular classrooms. A program of speech and language development provided by the classroom teacher with assistance of the speech and hearing therapist is essential, as well as supplemental speech and hearing therapy.

Teacher Training

Visits were made to Rhode Island College and the University of Rhode Island to study the teacher training programs as they relate to the speech and hearing handicapped.

At Rhode Island College, all freshmen are enrolled in a speech course, and are guided to correct any speech disorders they may have, either in the voice and articulation unit of the course, or in speech therapy provided by the therapist who is also assigned to the Henry Barnard School. In this manner, it is hoped that all prospective teachers will have acceptable speech as models for the children in their classrooms.

At present, one of the Junior Year Practicum courses stresses speech improvement in the classroom, but this practicum is being discontinued as a result of curricular reorganization. The Contemporary Methodology Course for cooperating teachers included five sessions on speech during the fall of 1962, but this program will reach only a few of the teachers graduating from the college. While the speech therapist at the Henry Barnard School does speech improvement in some classrooms, the teachers in training do not observe her work. While an elective course in speech therapy is available at both the undergraduate and graduate level, few students elect it. A unit on the speech and hearing handicapped is included in the elective course that surveys the problems of all types of exceptional children. Prospective teachers of retarded children do take a course in speech correction in the classroom. If the speech improvement program for the primary grades recommended earlier in this report is to be effective, more attention must be given to teacher training for this purpose. The speech therapist assigned to the Henry Barnard School could play a more prominent role in teacher-training if her position were more clearly defined.

Speech training of any type for prospective teachers at the University of Rhode Island is on a voluntary basis. Speech tests, a voice and diction course or speech therapy for self-improvement, and a course in Speech Development and Correction are all available, but few students take advantage of these opportunities.

The University of Rhode Island does offer a major in speech, and students may elect to emphasize speech and hearing therapy within their major. While the program is not yet a complete major in speech and hearing it does provide a good basis for graduate study which, at present, must be sought at out-of-state institutions. The faculty and administration are currently exploring the feasibility of expansion of the speech and hearing programs at both the undergraduate and graduate level. Any expansion will require the addition of faculty members, increased clinical facilities at the University, and the use of clinical facilities now available in the Providence area.

The Windmill Street School in Providence

A unique program exists for children with severe hearing loss. Kindergarten children and those in second grade and above are integrated into regular classrooms, but receive daily speech and hearing therapy from a full-time hearing therapist in an especially equipped room. Children at the first grade level are in a special classroom with an experienced classroom teacher who is also a qualified speech and hearing therapist. The first grade children join their normal peers for music, art, recreation and special programs.

Hard of hearing children from all of Providence and some neighboring towns are transported daily to the Windmill School. This program provides more intensively for the needs of the severely hard of hearing than an itinerant therapist and yet maintains contact with regular classroom and home environments.

The Rhode Island School for the Deaf

According to the laws of Rhode Island relating to education, the primary objective of the School is "to furnish deaf children of the state oral instruction and the best known facilities for the enjoyment of such a share of the system of free public education as their afflicted condition will permit". The State Board of Education has charge of the School's affairs and holds the power to make bylaws and regulations deemed expedient for the government of the School. The principal is appointed by the State Board of Education. He is the chief executive of the School and has charge of all educational and internal affairs of the School.

Children between the ages of three and twenty years "whose hearing or speech are both so defective as to make it inexpedient or impracticable to attend the public school to advantage not being mentally or otherwise incapable" may attend the School.

The School has an Advisory Council consisting of five members who meet quarterly, serve without pay and report annually to the State Board of Education. It has no administrative powers or duties. Members are appointed for five-year terms by the Governor and are leading citizens of the community, most of whom are not professionally connected with rehabilitation. Most of the recent Council members have served over a quarter of a century.

At present, there are twenty-five teaching staff members, including the principal and vice-principal, and one hundred and thirty-five students (capacity: about one hundred and fifty), including both residential and day children. Nursery school children attend differing amounts of time per week in accordance with their abilities. The nursery school program has increased markedly the last two years, with twenty-four admissions occurring. At present, there are thirty-six pre-schoolers (under age six years) and an increase in nursery school staff is needed. The basic criterion for entrance is the existence of deafness, and the administration states that whenever possible, hard of hearing children are not enrolled but encouragement toward the public school occurs. All children enrolled in the School are accepted on a six-month probationary period. Sometimes mentally slow deaf children are enrolled; if deafness predominates in children who are severely visually handicapped, they are accepted also; sometimes brain-injured children are enrolled; at present the administration knows of three aphasic children now enrolled, one in each of three different classes.

Children are screened for entrance through parental interview, intelligence and achievement tests and hearing testing—children who have received audiological diagnoses elsewhere are retested at the School. Each child is seen also by an otologist, pediatrician, internist, ophthalmologist, and dentist. A registered nurse is always on duty and separate examining and semi-private temporary rooms are available. All children receive annual medical examinations by the consulting school physicians; regular check-ups by the other specialists occur, also. Referrals to family physicians and local health centers are made in cases of medical need.

The School consists of three academic divisions: the Lower, comprising the primary department and two nursery school classes; the Middle, and Upper Schools. Of the one hundred and thirty-five or forty children enrolled in each of the last two years, sixteen are from Massachusetts, the remainder from Rhode Island. The teachers all have training comparable to that recommended by the American Conference of Executives of Schools for the Deaf. All have at least undergraduate training and most have taken work at the Master's Degree level. Those who have had no graduate work must have at least two years teaching experience and agree to take some graduate education. Several of the teachers do not have college degrees, although they have taken specialized training.

Teacher salaries are far two low. Minimum annual salary is now $4,000.00 and should be at least $4,600.00; maximum salary is now $6,162.00 and should be at least $7,300.00. New York has a maximum of $9,200.00; the School for the Deaf at Mystic, Connecticut has a maximum of $8,200 and pays $5,100 to teachers having no experience. Of fifty state residential schools in the United States, including those in the South, the Rhode Island School for the Deaf ranks 45th (October, 1962). Rhode Island's teacher salaries are the lowest in New England.

The Rhode Island Hearing Center

The Hearing Center is located administratively and physically within the Rhode Island School for the Deaf, whose principal is the Center's Director. In addition, there is an audiologist-in-charge, who is referred to as "State Audiologist" in official records, an audiometrist, and two hearing therapists. Two of these workers have Master's Degrees, one has a Bachelor's Degree, and one has training beyond the Master's Degree—all in the area of professional work. An additional position is unfilled at present.

The Center's program is primarily an itinerant one, staff members traveling throughout the state to provide hearing screening and some therapy to towns totally without these services, or with insufficient staff to provide them.

In the 1961-62 school year, the Center provided service to thirty-nine school systems, including parochial schools in Barrington, Coventry, Newport, Providence and West Warwick. 12,400 children were administered hearing screening tests; 4,000 were retested following screening by school nurses; 1,377 were given individual pure-tone hearing tests. 979 children were referred for otological examinations. 221 children were recommended for lip-reading. 107 were recommended to receive speech therapy, although it was recognized that at least five times this number actually needed speech therapy.

Within the physical setting of the Hearing Center itself, 201 clinic evaluations or public relations consultations occurred. Sixty-two children of those tested in outlying regions were brought in for individual audiological testing. Four hearing aid evaluations occurred. Twenty-one children within the School for the Deaf itself were retested.

The three therapists provided short-term speech reading (lip-reading) to a total of seventy-six children approximately every week.

It is apparent that, although much has been done, the staff is completely inadequate in number to test properly those children not receiving such service from their own towns. The three therapists combined were able to provide lip-reading to only two children per each of the thirty-nine towns visited, on the average. Insufficient staff and extensive travel time are the critical factors. Also, many school systems necessarily cannot receive hearing screening until as late as May in the school year, by which time an entire year of aid to the hearing handicapped child has been lost. In 1961-62, 153 new cases of hearing loss were to be evaluated with recommendations during the 1962-63 school year. In addition, the hearing screening coverage is only partial; for example, in some communities only the first-grade children are screened. There is no time or staff for an adequate program of therapy; individual conferences with parents or personnel are almost impossible; follow-up on hearing aid and other referrals are minimal; public relations activities cannot be developed.

The Division for Crippled Children within the State Department of Health has granted limited funds to the Center to provide partial payments toward the acquisition of hearing aids for needy children. The Hearing Center is now attempting to develop a hearing aid evaluation service.

The Meeting Street School

The Meeting Street School Children's Rehabilitation Center is a project of the Rhode Island Easter Seal Society. Its program is reported here because of its diagnostic educational and therapeutic programs for speech, hearing or language handicapped children of public school age, and because one of its programs receives some financial support from public school systems.

Comprehensive medical and educational diagnosis has been provided for many years by a complete medical, educational and therapeutic team. The full-time staff includes physical, occupational, and speech, hearing and language therapists; special teachers, and a social worker. The part-time staff includes a medical director, psychiatrist, psychologist, and special education consultant. While concentration is at the pre-school level, children of school age are also served.

The speech and hearing disorders eligible for the Meeting Street School programs include speech problems associated with neurological impairment, language disorders of questionable neurological or emotional etiology, speech problems associated with cleft palate, and infants and pre-schoolers with hearing loss. Stuttering, voice and articulation disorders are not usually included, except where the child lives in a town which does not provide a public school program, or where more intensive therapy is desired. A close liaison is maintained between the therapists at the Meeting Street School and the public school therapists. At the time of writing this report, 20 children enrolled in public schools were receiving therapy after school hours (3:30-5:00 p.m.).

Many children are referred for diagnostic study of learning, language and speech or hearing problems. Reports and recommendations are sent to appropriate public school personnel.

A diagnostic study group of kindergarten age children is currently receiving a comprehensive diagnostic therapy program from the team of specialists. These children present diagnostic problems in the areas of possible neurological and/or emotional involvements and usually have some form of speech, hearing or language problem associated with their behavior.

A class of seven first grade children with language and learning problems has been organized on an experimental basis this year. These children are sometimes referred to as "aphasic". The class was organized because of the unavailability of public school programs for them. Tuition is paid by the school department of the town of which the child is a resident.

A teacher and speech-language therapist work as a team. The speech-language therapy is conducted as an integral part of class-

(1)	(2)	(3)	(4)	(5)	(6)	(7)				(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
City or Town	Number of Therapists	Approx. Total School Population	Estimated Incidence Spch/Hrg Problems	Approx. Number Children Receiving Therapy	Approx. Number Pupils Per Therapist	Salary Ranges Under $5000	$5000-6000	$6000-7000	Over $7000	Travel Allowance Given	Therapist Does Most of Hearing Testing	Grades Hearing Testing Done	Average Therapy Periods Per Child Per Week	Average Minutes Per Therapy Session	Maximum Average Number Pupils In Group Work	Number Schools In System	Number Schools Served	Half-Day Allowed For Conferences	Hours Travel Weekly	Speech Improvement Program Preferred
Barrington	1	3600	162	108	108		X			Yes	No	All	1	30	4	8	8	Yes	2	No
Bristol	1/5	2000	90	67	87(1/5)	X				No	No	Every Other	1	30	7-11	-	-	No	1/2	Yes(H.S.)
Cranston	3 1/3 (a)	11,000	513	340	103				X	Yes	No	Every Other	2	15-20	4 max.	23	23	Yes	2+	No
	(b)						X			Yes	No		2					Yes	3 1/2	
	(c)					X				Yes	No		2					Yes	2+	
	1/3 (d)							X		Yes	No		1 1/2					Yes	0	
Cumberland	1 (a)	3600	162	181	(a) 148		X			Yes	No	Every Other	1	15	5	13	13	No	2 1/2	No(Ele.)
	1/5 (b)				(b) 33(1/5)		X			Yes	No		1	15				No	0	Yes(H.S.)
East Providence	(a)	7700	347	218	111	X				Yes	No	All Elementary H.S. by Referral	1	30	4	19	16	Yes	2	No
	2 (b)				107				X				1	30				Yes	6 1/2	No
Johnston	1	2900	131	85	85				X	Yes	No	All	1	25-30	3 (5 max.)	9	9	Yes	2	No
Newport	1	6200	280	225	225		X			No	No	All	1	20-30	4.5	12	11	No	3	No
No. Kingstown	1 (3/5 time)	3800	171	165	165(3/5)		X			No	No	All	1	25-30	10	9	9	No	2	No
Pawtucket	(a)				107				X	No		Every Third Grade						Yes	-	
	3 (b)	11,000	495	591	274			X		Yes	Yes		1	30-60	10	18	18	Yes	2 1/2	
	(c)				210				X	Yes								Yes	1 1/5	
Providence	(a)																			
	Speech (b)	28,200	1,270	975	245			X		Yes	No	Every Other Grade	1	40	8-10	36	44	Yes	3	No
	(c)							X					1					Yes	3	No
	5 (d)					X		X					1					Yes	2 1/2	No
	(e)	(New person begin Sept. 1, 1962)											1					Yes	3	No
	Hearing (a)					consultant full time					No									
	(b)			32	32			X		No	No		5	20-40	5			Yes	0	
	(c)			34	34(2/5)			X		Yes	Yes		1	30-50	5	32	31	Yes	1	No
	5 (d)			23	23(2/5)			X		Yes	Yes		1	30-50	4	52	24	Yes	1	
	(e)			9	9					No	No		5							
Warwick	(a)	14,400	648		75				X	Yes	Yes	Every Third Grade	1	30	3	34		Yes		
	(b)				75				X	Yes	Yes		1	30	4		5	Yes	5	
	6 (c)			645	92				X	Yes	Yes		1	30	4		5	Yes	2	
	(d)				95				X	Yes	Yes		1	30	4		5	Yes	1	No
	(e)				83		X			Yes	Yes		1	25	5		5	Yes	1	
	(f)				125			X		Yes	Yes		1	30	5		7	Yes	1	
Woonsocket	1	5600	252	144	144			X		No	No	1-3-6	1 1/2	15-20	3	16	13	No	2	No
Warren	1/5	2000	90	125	125(1/5)	X				No	No	Every Other	1	30	10	8	6	No	1/2	

room activities. The therapist provides therapy for the children as well as consultation for the teacher in a speech-language oriented classroom program.

It is the opinion of the staff of the Meeting Street School, and of the consultants of this study, that there are many children in regular classrooms and special classes for the mentally retarded whose language and learning problems are of the "aphasic" type and who require more comprehensive diagnosis and a program similar to that of this experimental class. The establishment of similar classes in public schools or in the School for the Deaf facilities is imperative.

Discussion of Table

Some Comparative Data on Rhode Island School Systems Employing Speech/Hearing Therapists

Thirteen of Rhode Island's thirty-nine public school systems now employ the equivalent of thirty-one full-time speech/hearing therapists. Sixteen of these are employed by the Providence and Warwick school systems. The twenty-three systems having no speech/hearing services have an approximate enrollment of 50,000 pupils; in addition, 50,000 parochial school pupils receive little or no service; thus, there is a total of about 100,000 school-age children and youth in Rhode Island who do not have speech/hearing therapy services available to them. Of the 4,611 children estimated to need special services in those towns employing therapists, 3,979 receive services. Thus, 640 children in definite need are not receiving help. However, the figures are somewhat misleading. For example, there appears to be in some towns a therapist pupil-load which goes beyond an expected incidence, probably because a large number of children having speech problems of a minor nature are receiving therapy—many such pupils can be served adequately within the regular classroom situation, with the therapist serving as consultant to the teacher.

Also, in Bristol, for instance, one therapist working only one day per week is serving 87 pupils—on a five-day a week basis this would amount to a work-load of over 400 children per week, a figure more than four times the recommended student load. A similar condition exists in Warren where, it is estimated, 90 children need special help; however, 125 children are seen and all of these in a single day per week. In Pawtucket, the three therapists see about 100 pupils per week more than an estimated incidence figure would indicate—again, probably due to too large an inclusion of children having minor problems.

The number of children seen by individual therapists varies remarkably (column 6) from 75 children per week in Warwick to

274 per week in Pawtucket. Figured on a weekly basis, ten of the 31 therapists have pupil-loads of over 200, which is approximately double a desirable working number. Therapists' salaries (column 7) range from below $4000 to above $7000 per year; those in the higher categories are persons with fifteen to twenty-five years of experience in public schools. In general, salary levels are compatible with the New England region, although tending to fall below the Connecticut levels for speech/hearing therapists. All but five systems provide travel allowances for therapists, per mileage arrangements being decidedly more equitable and desirable than lump sum payments.

The great majority of therapists do not administer routine hearing testing of all school children (column 9), although Warwick and Pawtucket are notable exceptions. School nurses do such testing in the other schools. However, all therapists routinely test or retest most of the children with whom they work. The frequency of hearing testing of all children is adequate in all cases; there is, however, a question as to whether hearing tests in all grades are necessary, when screenings every second or third year appear to be successful in identifying those in need of special help.

The great majority of the therapists are able to see children only once per week, usually in groups, for 25 or 30 minutes per session. For speech and hearing handicapped children, at least two periods per week is desirable. Most therapists could effect the change by reducing pupil-loads to more reasonable levels. Most therapists are granted a half-day therapy-free period for conferences, agency contacts, report-writing and so on; it is difficult to achieve efficient service without such allowance. Finally, there are but two therapists actively involved in a general speech improvement program, Cumberland and Bristol having very small programs at the high school levels only.

In summary, the table reveals that (1) the majority of school systems in Rhode Island are without speech/hearing therapy services; (2) several thousands of children needing specialized help do not receive it; (3) the student-load per week of a great many therapists is far beyond the maximum desirable number; (4) in systems having therapists, most children in need receive therapy only once per week for brief periods in groups—individual attention is difficult to attain; and (5) there is great variation among many school systems concerning adequacy of service in terms of staff members and pupil-load per therapist.

Recommendations

The following recommendations are based on a total of approximately 200 hours of visitations and interviews by the two area consultants with all of the public school speech and hearing therapists in the State and workers at the Rhode Island School for the Deaf, Rhode Island College, the Meeting Street School, the University of Rhode Island and the Rhode Island Hearing Center at the School for the Deaf. The majority of rocommendations stem from discussions with the therapists themselves; most reflect the type of program improvements needed or desired by these therapists, and all reflect the coordinated deliberation of both consultants in Speech and Hearing. Although some aspects of what is recommended exist in a few programs at present, implementation of the recommendations is essential in terms of the great majority of the state's speech and hearing handicapped children and youth.

A. Appoint a State Consultant in Speech and Hearing Services within the Department of Education. Academic training and experience with public school programs should be the equivalent of the current Advanced Certificate in Hearing of the American Speech and Hearing Association. Duties: 1) further identify State needs in speech and hearing services; 2) encouraging the development of new programs; 3) develop and coordinate new or existing services; 4) provide consulting services to school systems, other educational and allied agencies; 5) develop and enforce minimum standards for therapist certification and program organization and administration; 6) encourage the development of pre-school identification and conservation programs by the State Department of Health; 7) prepare and distribute appropriate educational materials; 8) evaluate programs.

B. The State Board of Education should include "speech defective" in the category of the exceptional child in accordance with 16-24-2 of the Public Laws of Rhode Island, 1956.

C. Certification of speech and hearing therapists by the State Department of Education; this should be in accordance with the current recommendation of the Rhode Island Speech and Hearing Association, whose recommendations are congruent with those of the American Speech and Hearing Association.

D. Towns providing speech and hearing services should be provided financial support by reimbursement from State funds. A proportionate amount of the costs of therapists' salaries, supplies and equipment, special diagnostic and treatment services, transportation and related costs should be established (e.g. in Connecticut, two-thirds; and in Massachusetts, one-half of costs are state-reimbursed).

E. Regulations for state reimbursement should require that children enrolled for speech therapy be seen twice weekly in thirty minute sessions with no more than five children per group. The maximum case load should not exceed 100 children at any time. No minimum case load should be required for reimbursement.

F. It is recommended that a Commission on Speech and Hearing be created for the purpose of coordinating all activities for speech and hearing handicapped children and youth in Rhode Island. Representatives from all public and private agencies plus lay representatives, interested in such children would constitute the membership.

G. Appoint regional speech and hearing therapists to serve those children living in adjacent towns unable to support or obtain a full-time therapist. A minimum of one therapist should be provided for each 2000 pupils in the school population. These therapists should function as staff representatives of the Departments of Education and/or Health until such time as the individual towns are of sufficient school population size to warrant their assumption of the position within their own budgets. At present, the Rhode Island Hearing Center of the School for the Deaf provides itinerant services to the hearing handicapped of many communities, but the speech handicapped—who constitute a much larger group—receive no aid. In addition, the Hearing Center's staff is too small to reach adequately more than a small portion of even the hearing handicapped.

H. Establish at least two regional programs specifically for the hard of hearing similar to that at the Windmill Street School in Providence. One program should be placed in the southeast, the other in the southwest section of the State.

I. Via the General Laws of the State, require hearing screening tests in Grade One or at time of admission for all children; require hearing retesting to occur minimally at least every third year through Junior High School; require that children identified as having hearing loss receive hearing testing and otological examination at least annually.

J. Inasmuch as public school nurses are administering hearing acuity tests in a large number of the public schools, the State Department of Health should undertake to assess and, where indicated, upgrade the ability of nursing personnel to administer and evaluate auditory tests through regional in-service training courses conducted by a qualified team of audiologists and otologists.

K. Because of the present lack of trained therapists in the western region of Rhode Island, the State Department of Education should consider the possibility of providing speech and hearing services to these areas during the summer period. Results with children receiving therapy three to five times weekly for five to seven weeks have been very good. A trial program should be considered.

L. In the construction of new schools, an appropriately designed room should be included that can be shared by speech and hearing or related personnel. The present common practice of conducting therapy in teachers' rooms, health rooms and corridors is not conducive to an effective program.

M. A tape-recorder, record-player and appropriate supplies should be made available for use by teachers and therapists in every school possible.

N. Where more than one person in a school system does hearing testing along with therapy, additional audiometers should be made available.

O. Travel allowance amounting to a minimum of eight cents per mile should be allowed therapists who must travel from school to school.

P. In every school system, the therapist should have a centrally located office which is suitable for equipment and material-storing, and parent conferences. Some secretarial service is necessary for correspondence and development of materials.

Q. It is recommended that the Department of Education undertake to develop within the Rhode Island School for the Deaf a residential and day program for children with aphasia and/or severe language disabilities. Careful and wise judgment will be required to formulate a meaningful program. The following recommendations should be followed closely, not only as they affect the childhood aphasia/language disability program, but as they affect the program for deaf children as well.

1) Diagnostic, evaluation, dismissal and follow-up procedures should be formulated by representatives from the School for the Deaf, the State Departments of Education and Health, and representatives from public schools and allied hospitals or agencies concerned with aphasic and deaf children.
2) The following appointments will be necessary; an otologist, a clinical psychologist, a pediatrician, a neurologist, a special education consultant, a full-time audiologist, a speech/language therapist, a psychiatrist, and a psychiatric social worker, all of whom should participate in evaluative procedures.

R. Annually, at least two members of the School for the Deaf teaching staff—not only those working directly with aphasic children, but the teachers of the deaf as well—should receive summer scholarships to receive intensive training in methods of educating aphasic children, such as is offered at the Central Institute for the Deaf, St. Louis, Missouri.

S. The State audiology program, called the Rhode Island Hearing Center and located administratively and physically within the Rhode Island School for the Deaf, should be transferred to the State Department of Health for the following reasons:

1) The present audiologist-in-charge could remain within the Rhode Island School for the Deaf as full-time audiologist in that institution. The School requires such full-time services, especially if recommendations concerning aphasic or severely language handicapped children as stated above, are followed.
2) It is unwise to build up an increasingly larger staff of traveling audiometrists at the School for the Deaf, when hearing conservation, identification of both hard-of-hearing and deaf pre-school children, and coordination of educational, medical and para-medical services for all hearing handicapped individuals is basically a public health problem and, with age, increasingly an educational problem requiring a broad point of view in terms of proper educational placement or transfer. Such broad functions can only overburden the School for the Deaf administration and program and should be coordinated by the State Department of Health in close cooperation with the Department of Education.

T. The Rhode Island School for the Deaf should have a full-time clinical psychologist appointed to its staff. It is an excessive burden to the chief administrator of the School to have to do the psychological testing in the light of general administrative demands. A full-time psychologist could administer testing on a more extensive basis, in greater depth as indicated, confer with parents and professionals about individual children, and continually reassess psychological aspects of the program.

U. Regularly planned in-service training programs should be instituted at the Rhode Island School for the Deaf to afford the entire professional staff an opportunity to keep abreast of new concepts and developments in speech and hearing diagnosis and procedures.

V. The State Board of Education should re-evaluate salary levels of teachers at the Rhode Island School for the Deaf. Salaries here are among the lowest in New England. A six hundred dollar increase beyond the present minimum and a twelve hundred dollar increase beyond the present maximum is recommended.

W. Provision should be made to supply a substitute teacher on a permanent stand-by basis to the School for the Deaf. In addition to substituting for absent teachers, this person could serve as interim tutor to children transferring into the School during the school-year, which can be disrupting to on-going class activities, according to the School's classroom teachers. In addition, this special teacher could provide additional individual help to children with multiple handicaps. The nursery school teaching staff at the Rhode Island School for the Deaf should be expanded in light of the rapidly increasing enrollment occurring at that level.

X. It is recommended that existing diagnostic services for the great variety of speech and hearing handicapped be expanded through the assistance of state funds. For example, additional services could be purchased from the Rhode Island Hospital; the Meeting Street School services could be expanded. However, in all diagnoses, a team of specialists is required.

Y. Although improving, closer communication and coordination among public school programs, the State Departments of Education and Health, the School for the Deaf, and allied community agencies are necessary if the speech and hearing handicapped are to be better served. Children need the opportunity to be transferred from one program or facility to another whenever the evaluative team sees the wisdom of such a move. Children should be able to flow from public schools and clinics to regional centers to the School for the Deaf and hospitals, or any combination thereof as his progress and their levels of abilities require for maximal self-development. The problem of insuring appropriate continuing education programs for children beyond the junior high school level should be studied by a committee with representatives from the School for the Deaf, the State Department of Education, the State Departments of Health and of Vocational Rehabilitation and Public School representatives. Children being considered in a special educational program must receive the benefit of the deliberations, not only of the special settings staff, but of outside representatives, such as personnel from the public school system of the child's home residence area as well.

Z. Establish a Speech and Hearing Center at the University of Rhode Island. The Center would serve as a regional diagnostic and treatment center; it would demonstrate to school systems the need and desirability of this service, and stimulate the development of programs in local areas; it would become a training facility for students in speech and hearing; it would stimulate research concerning state services. A staff of two or three speech and hearing specialists, five or six small therapy and diagnoses rooms, speech and hearing testing equipment would constitute the core of the Center. The major emphasis in the immediate future should be on diagnostic and therapeutic services to public school children within commuting distance of the University. As the service program is developed, the Center can serve as a clinical facility for an expanding undergraduate training program for speech and hearing therapists.

Z_1. Promising students should be encouraged to pursue training in speech and hearing therapy, especially at the vital fifth year of training, at institutions within and outside the state.

Z_2. For all teachers in training in the state—for those preparing for elementary, secondary, special, public and private schools, or in colleges and universities—provide testing, clinical services or course-work which would insure acceptable speech behavior and hearing ability prior to the student-teaching experience.

Z_3. Encourage the understanding of the speech and hearing handicapped by all teachers-in-training through enrollment in such introductory courses in speech and hearing impairments or exceptional children. Kindergarten and first-grade teachers should receive some knowledge of speech development and of classroom or curriculum factors that can affect speech development advantageously.

Summary

Two consultants studied the programs for children handicapped by speech disorders, hearing loss or deafness. Thirty-four speech and hearing specialists in 13 school systems were interviewed and actual therapy sessions were observed. Visits and interviews were also conducted at the Rhode Island Hearing Center, the Rhode Island School for the Deaf, and Meeting Street School, Rhode Island College and the University of Rhode Island.

In general, the current programs in Rhode Island public school systems present similar strengths and weaknesses as those revealed by the U. S. Office of Education nation-wide survey of public school speech and hearing services conducted in 1959-60. Wide variations in therapeutic approaches were observed among the therapists, but, for the most part, these approaches were those recommended by one or more national authorities. Each therapist was skilled in the therapeutic approach selected and achieved a measure of success within the limitations imposed by program organization. The major weaknesses appeared in the policies of program organization which encouraged the therapist to attempt to serve too many children so infrequently that the efficiency of the therapeutic process is seriously reduced.

The School for the Deaf has played a unique role in Rhode Island and should continue to expand and improve its staff and services in the future. Recommendations concerning efficient staff organization, and salaries, processing methods, expansion of existing services, and coordination with allied agencies and school systems have been made in some detail. The Rhode Island Hearing

Center, within the School for the Deaf, has done a great deal of hearing testing throughout the state, but is too understaffed to do the job required in a total state program of hearing conservation; specific recommendations on these matters have been made in this report.

The Meeting Street School, a private agency, has recently organized a class for children with language disorders with tuition paid by the cities and towns because of the unavailability of such a class under public auspices. The School also provides a comprehensive team diagnostic workup for children with speech and hearing disorders, a type of service which is needed on a much wider scale.

Teacher training programs at Rhode Island College and the University of Rhode Island reach only a limited number of classroom teachers in terms of an understanding of the speech and hearing handicapped or of classroom procedures in speech improvement which could conceivably reduce the number of children requiring special services. The newly inaugurated undergraduate program at the University of Rhode Island, which permits an emphasis on speech and hearing for some students majoring in speech, will encourage more students to enter the field, but does not provide the graduate program necessary for completion of specialized training.

Recommendations have been made for personnel in the State Department of Education to coordinate existing programs and stimulate the development of new programs for the more than 50,000 public school children not now receiving services; for financial support for existing and new programs; for additional staff, program revisions and program expansion in the School for the Deaf and State hearing services; for teacher training; and for the development of administrative policies in existing therapy program which will be more conducive to efficient results.

Chapter VIII

SCHOOL PSYCHOLOGICAL SERVICES

Brief Historical Perspective

Within its historic role as a universal institution, schools have increasingly acquired more responsibility for a wide range of exceptional children. Perhaps, most illustrative of this trend has been the development of programs for the mentally retarded. Forty years ago the usual pattern for the educable mentally retarded was the wide age range ungraded class or non-promotion after non-promotion in school until he was old enough to go to work—usually as an unskilled laborer. If he became sufficiently maladjusted before that time, he would be excluded from school. Now his educational needs are more adequately being met in special classes and, in more advanced communities, even these are being modified so that in those areas in which an individual may not be retarded (e.g. physical education, art, music and shop skills) he can participate with the general school population. Thirty years ago, the trainable retardate was excluded from school and either sat idly at home or was sent to an institution. More and more school systems are today providing or subsidizing special classes for this group.

A similar development of services has occurred with physically handicapped, the blind and partially sighted, the deaf and hard of hearing, and the speech impaired. More recently, attention has begun to focus on the gifted, the mentally ill and the emotionally disturbed child. All too often well-intentioned, but ill-conceived, programs for these groups have been rushed into being. Probably, the only child generally unrecognized and essentially unserved is the so-called brain injured pupil. An exception to this, more or less, universal, neglect is the work under way at the Meeting Street School in Providence.

In terms of numbers, the enrollment of exceptional children in public school systems in the United States has more than doubled in a ten year span from about 378,000 in 1948 to nearly 861,000 in 1958 (3, p. 3). Twenty-five years ago only about 750 school systems reported enrollments in special education programs. By 1948 the number had doubled and now has reached a total of nearly 3,700 (of about 50,000 school systems in the U.S.A.) Including public and private, day and residential schools, there may be as many as one and a quarter million children and young people receiving special education. Needless to say, this figure does not begin to approach the number of American children requiring special educational help. A figure of 10% of the school population requiring special services of one kind or another is conservative.

Paralleling the growth of special education in schools has been the growth of the science and profession of psychology. From its roots in philosophy, psychology has grown into an experimental science, the fruits of which are applied professionally in a diversity of areas ranging from the public schools, mental hospitals, and the selection of draftees and Peace Corps candidates to the training of our American astronauts. Our knowledge of human learning and how it occurs, the development of teaching machine programs and the design of books have all come from psychological research—even though often conducted in educational settings. "Liking kids" is no longer enough to qualify as a school psychologist. The times now require a well-trained professional with a scientific background.

The School Psychologist

Basic and prerequisite to the special educational services noted above are the services rendered by the school psychologist. Identification of the child with special problems, careful differential diagnosis to accurately define the problem and to differentiate it from similar ones, remedial recommendations taking into account the nuances of each child's individual problem, continuing consultation with those carrying out the remediation, and regular reassessment to chart progress and modify prescriptions are all responsibilities intimately associated with the school psychologist. Other services to the individual child may be remedial instruction, pupil counseling and parent counseling. These services are the most familiar and well recognized of school psychological services. Many of the more sophisticated programs offer a considerably wider range of services. These may be grouped under such headings as *General Service to the Schools, Service to the Community,* and *Research.*

General Service to the Schools may include such a range of activities as: delineating and measuring the presence or absence of community resources, pupil classification programs and adequate record systems; discussing with administration and school board the psychological implications of particular school policies: serving on curricula committees; and consulting with school personnel to help improve teaching methods and classroom management.

Service to the Community would include: finding and utilizing all resources in the community which may be helpful to those with special needs; providing leadership in the broad area of mental health education; and rendering service to parent organizations and other volunteer agencies.

Every fully prepared psychologist has a degree of *Research* training which should be utilized by the employing school system. The identification of important research problems which have implications for school practice, the organization and conducting of pertinent research, helping the school to utilize its own or other research findings, evaluating the effectiveness of psychological services, keeping clear records which may be used in research and the stimulation of a general research attitude in the school system are among the major activities in this category.

It should be noted that, even among fully trained school psychologists, not every individual can possibly fulfill all of these functions; nor (it need hardly be stated) can everyone be equally trained or skilled in all areas. In addition to the question of the preparation and ability of the particular psychologist, the needs of the school must necessarily play the major part in deciding which services shall be rendered in what quantity and in what form. It should be noted that certain of these activities can be rendered by persons with related training and some functions are obviously the responsibility and within the compentency of several of the educational disciplines. Major responsibility for differential diagnosis obviously is not among these.

The Professional Character of the School Psychologist

School psychologists are dually oriented professionals who need to be well prepared in both psychology and education. The objective of training is to develop a psychologist who is interested in and knowledgeable about schools, one whose contributions are meaningful to, and utilized by, the teacher because they are based on understanding of the classroom situation and the teacher's problems as well as on sound psychological knowledge and skills. *The development of competencies needed by a fully qualified school psychologist requires at least the education represented by a doctoral degree or three years of graduate training in a planned sequence of courses, laboratory, and supervised work experiences offered by a recognized training institution.*

There are several alternative ways to achieve the desired objective of appropriate attitudes toward an understanding of the educational environment in which the school psychologist functions. A background of teacher preparation and experience is often effective prior to graduate training in psychology. Possibly as effective is a special graduate program in school psychology, oriented toward schools and including basic education courses. In terms of the economic and other very practical problem to be considered by the undergraduate student who chooses a career in school psychology, he should not be required (but may be encouraged) to prepare to be a teacher and spend several years teaching before shifting to psychology. For the teacher already employed who changes career goals, he will need thorough and comprehensive training in psychology. The arbitrary requirement that all school psychologists *must* possess a teaching certificate is an outmoded concept and abandonment of this requirement should be considered. This requirment has, in many states, led to an unwelcome condition whereby many schools are deprived of the services of some of the most gifted available psychologists. In one instance, a nationally prominent school and clinical psychologist, who has written extensively in the field and has been a noted university professor in school psychology, had been refused certification in his state because he did not possess a public school teaching certificate.

Equally as important as the university training is a supervised practicum experience. This should be a combination of supervised field work in a child guidance clinic (or some comparable setting) *and* in a school environment. To develop sensitivity to the multitude of clinical conditions affecting school children, the psychologist must be steeped in the wide range of cases seen in a multidisciplinary clinic. Similarly, he requires experience in the school psychological situation and must be attuned to recognize those differences between a school and a psychiatric clinic and how they complement each other.

The foregoing discussion has been concerned generally with the fully trained school psychologist, of whom there are few in Rhode Island and, in particular, with reference to services to individual children. These services are not in abundance anywhere and few new training programs are now being developed to meet the obvious need. For the immediate future, alternative means of supplying services must be obtained. Among the alternatives are: several levels of certification (to be discussed later) with the fully trained supervising the less well prepared, the purchase of services, and referral out to other agencies. At present, unfortunately, the most widely utilized, and discouraging, alternative seems to be the denial of the complexity of the task and the assertion that it can be accomplished by practically anyone. The practice must be abandoned of certifying teachers who take a few courses and obtain a certificate in intelligence testing (with little or no comprehension of the complexity of what they are doing and of the potential danger to the child). The utilization of guidance workers, special class supervisors, and others with a "Binet Certificate" to do "routine psychometric testing" is encouraging a vast disservice to children and to the taxpayer. There is no economy in hastily disposing of a child with special problems to some easy pigeon hole where he may stagnate until old enough to leave school. Newspapers regularly report the rising problems of adult illiteracy with attendant unemployability and of school dropouts. Prevention of these tragedies requires excellent school services among which must be the most skilled and sensitive of diagnostic and consultative skills.

Diagnostic Assessment

The need for adequate assessment was recognized in the *Second Special Report to the Legislative Commission of Rhode Island* (6, p. 19). Evaluation for special education programs and services must include more than a psychometric examination, as is now generally the case. Diagnosis is a *dynamic process* which leads to recommendations and to a prognosis. These must be continually reassessed and modified to meet the child's changing needs.

As an example of a problem facing schools, to adequately make the proper differential diagnosis between mental retardation and emotional disorder or other conditions leading to behavior and performance which simulates metal retardation, the following areas must be evaluated:

a.) *Psychological examination.* In many instances mere intellectual evaluation is not sufficient and more extensive personality and visual-motor assessments must be made.

b.) *Medical examination.* Recent and adequate examinations, including data of use to the schools and recorded on standard forms.

c.) *Hearing examination.*

d.) *Vision examination.*

e.) *Educational evaluation.* Detailed classroom teacher's report as well as special examination to measure educational achievements, skills and disabilities should be included for all children already in school.

f.) *Home evaluation.* Parents must be interviewed to help determine the child's developmental history, his behavior and achievement outside of school and significant emotional, cultural and social factors in the home.

The person usually responsible for collating the data from the varied examinations, who should be competent to bring insight to the diagnostic decision, and who facilitates implementation of recommendations should be the school psychologist. These are obviously complex tasks requiring a high level of ability and training. Very few persons now performing such services for the schools of Rhode Island, or holding such titles, are trained for tasks of this complexity and import.

School Psychological Services in Rhode Island

At the outset, it should be noted that there is no geographic area which approaches adequacy of service and most problems are general and statewide. It seems clear that all problems do not stem merely from the general lack of quality of preparation of personnel rendering these services. There are only a handful of persons with the Professional Certificate in School Psychology and a few dozen others with Provisional Certificates, many of these holding other jobs such as in guidance. For example, there are only six school psychologists who belong to the American Psychological Association, the national scientific and professional society of psychologists which sets fairly high standards for admission. These psychologists, who are trained and competent, often contend with work loads much too heavy, clerical tasks which should be performed by secretarial help, and a general lack of understanding by the schools and communities of what services they should render.

Among the certified are persons who seem to collect certificates. One individual has five different ones. Another problem is the disjointed collecting of courses over a period of years from a number of schools. Among the course titles submitted as evidence of graduate credits qualifying one individual for the school psychologist certificate were:

Aviation Workshops
What Business Expects of the Schools
American Education Since 1776
Tudor England to the Romantic Period

Very few individuals have had any practicum or internship experience and there is no provision for on-the-job supervision. Anyone who obtains a Provisional Certificate and remains for three years "on the job" is eligible for a Professional Certificate with no competent authority ever having evaluated his work.

The present certification requirements are inadequate and modifications, to take effect on October 1, 1964, have been approved by the State Board of Education. Although these new requirements are certainly moving in the right direction (as in the substitution of twelve hours of appropriate education courses for the teacher's certificate) they have several serious flaws. They still allow for the collection of poorly articulate courses rather than require enrollment in an organized school psychology training program. They require a total of thirty hours of courses from a list of areas but do not specify adequate distribution. They do not make mandatory a supervised clinical experience. The requirement for a course in "Rhode Island Education" may serve to deprive the State of the opportunity to recruit well qualified professionals from other states.

In view of the critical need of professionals in short supply, barriers not directly relevant to the major task should be removed.

Related clinical facilities in the communities are inadequate in number and in ability to provide enough of the wide variety of services required by school children with special problems. Keeping in mind that the school's business is to educate children, individual psychotherapeutic work should not be expected from the school psychologist. Some counseling may be appropriate but more intensive therapy should be referred to clinics if they are available to meet this need. Unfortunately, there is no psychoeducational clinic in Rhode Island.

Many of the psychometric tests are being given by principals, remedial reading instructors, guidance workers, and others. There appears to be a popular notion that these areas are interchangeable and that preparation for one automatically qualifies the individual in the others. This is particularly true in the guidance area. Although many professors of guidance are psychologists, guidance workers are essentially trained toward vocational and college selection and not clinical diagnosis.

Many of the above noted deficiencies have arisen because of an extreme shortage of capable personnel and a general lack of knowledge and understanding by administrators, school boards, and the general public or what is, after all, a highly specialized and complex area.

There is, at present, no training program for school psychologists in Rhode Island but the University of Rhode Island is moving to develop one. Rhode Island College might also be a logical site. Boston University and Harvard have such programs which could accommodate some Rhode Island students. With a recommended staffing of one school psychologist for each 800 to 1200 pupils, Rhode Island now needs at least another 100 psychologists, i.e. assuming that all those currently functioning are actually qualified.

Recommendations

The picture, with respect to school psychological services, is presently bleak but hopeful. The State Department of Education gives every indication of wanting better services and tighter regulations and qualifications. The Director of Certification has a good grasp of the problem and is trying to enforce existing regulations by the strictest of interpretations.

A. The certification regulations should be amended to include the following features:

1. Two level certification, with the higher level being for doctoral training (or a three year graduate program) and the lower level for a two year master's degree program.

2. Training must be in organized programs at universities and colleges providing bona fide school psychology and/or clinical psychology training and approved by the Department of Education and not in scattered courses.
3. Adequate internship must be part of the training and should be in both clinical and school settings—1,000 hours in each.
4. Those with the lower level of certification must be closely supervised during their provisional years by someone with the higher level of certification. Without supervised experience, they are not competent to function independently.
5. Those with the higher level of certification should provide consultative services to those with lower level certification even after the provisional period.
6. Granting of "valid for life" professional certificates must require that the individual has satisfied *all* minimum requirements of training and supervised experience and has *demonstrated* competence in the field for a period of five years.
7. The teacher's certificate, although desirable, should not be a requirement and alternate methods for obtaining "school experience" should be allowed.

B. Educational leaves with pay should be provided to enable young college graduates and teachers to undertake full-time graduate study in school psychology. Though expensive in the short-run, it should provide better trained psychologists than by the currently popular system of people collecting course credits during summer vacation.

C. Provisional appointees should spend two of the three summers during the provisional period at a clinc, children's hospital or other special facility where their skills and depth of understanding can be expanded. Such arrangements might be made with Bradley Home, State Mental Hygiene Clinics, The Rhode Island Hospital, The Ladd School or facilities in other states.

D. Psychologists should not be on the teacher's salary schedule and should be required to work the full day, for which they should be adequately compensated. Highly skilled professionals in psychology are in short supply and it is wasteful to have them work only 30 hours per week and 38 weeks per year.

E. The requirement of a comprehensive diagnostic assessment before specification of special measures should be promulgated by the State Department of Education. This would include psychological, medical, visual and hearing, educational and family evaluations plus whatever special studies may be required for a particular child. This regulation should be issued jointly with the State Mental Hygiene Services and jointly enforced. Provisions should be made for continual reassessment and, at least, the maximum allowable periods between assessments should be specified. Standardized forms should be developed. Continuing attention should be paid to the child's potential employability and he should receive counseling help to strengthen his interests and skills and to remediate habits and attitudes that might interfere with later successful employment.

F. There should be at least one senior level school psychologist in Cranston, Pawtucket, Providence, and Warwick to head their school psychology programs and to provide supervision of the provisionally certified. In addition, these should be school systems in which graduate students in training can intern. A senior level person should be available to the other systems in the State, provided through a regional sharing of costs or by the Department of Education.

G. There should be a doctoral level psychologist at the Department of Education to help develop and supervise the proposed programs.

H. The strongest support should be given to the development of appropriate and adequate school psychology training programs at the University of Rhode Island. The psychology department at U.R.I. is currently attempting to develop such a program.

I. Immediately, in the Providence area, and in the near future, in the southwest region of the State, there should be established a comprehensive diagnostic center to service pre-school and school-age children presenting more serious problems. The conservation of human resources, the identification of special problems, and the prevention of problems at the pre-school and upper levels is a vital contribution to the welfare and education of impaired children. This clinic could serve school systems and constitute an important training and demonstration center. Because this actuity is, in the early years especially, a medical problem and then increasingly an educational one, the diagnostic center should constitute a combined effort of the State Departments of Education and Health. A study committee of appropriate representatives should be formed to develop specific recommendations.

J. Consideration should be given to ways to insure that parochial and private schools have adequate psychological services.

K. The information contained in psychological and other clinical examinations should be kept in specially protected files. Summary evaluations of case studies should be made available to teachers and other professionally concerned personnel. Parents should be given the opportunity to discuss, at length, these evaluations. However, they should not have access to raw data.

L. Salary schedules and work loads for State civil service professional workers should be comparable to schedules for similar community positions financed through State aid (e.g., school psychologist, social worker, adjustment counselor).

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Chapter IX

VOLUNTEER AGENCIES AND THE HANDICAPPED CHILD

Introduction

The education of handicapped children in this country generally has been divided into two categories: those programs conducted by local boards of education; and those developed by volunteer agencies to meet diagnostic and educational needs of children who were not admissible to public school.

In many instances, programs for the handicapped were developed by professionals or parents whose interests and motivations were related to a particular handicapping condition. Generally, these specialized programs tended to exclude the child with another type of handicapping condition. In most instances, these special programs developed because parents were interested in verification (or refutation) of a previous diagnosis. Occasionally, parents who were dissatisfied with the diagnosis (or program) of an existing agency would establish a separate group which in turn, would create additional programs.

These programs created additional demands upon the community to raise funds to meet the costs of these operations. In turn, each provided a service which usually met one critical existing need, but did not usually provide the multiple services that all handicapped children require at some time. In other instances, the excessive case loads assumed by some agencies would not permit them to adequately service these persons requesting help. "If more money and personnel were available, we could really do a job," has probably echoed, at one time or another, through the "sanctum sanctorum" of every agency in the country working with the handicapped. Although volunteer agencies have made spectacular gains in recent years, it may be said with justification that services still seem to be fragmentized.

Handicapped Children in Rhode Island

The handicapped in Rhode Island appear to be on the precipice of the most comprehensive and available opportunities for services anywhere in the country. The size of this State relates intimately to this enviable development of resources. Secondly, steps already undertaken by the State and its volunteer agencies have combined to produce an enlightened public attitude toward the growth of volunteer and other services to the handicapped.

Visitations were made with representatives of the four major agencies dealing with these handicapping conditions that relate to and intrude upon educational programs. In addition, discussions were held with the staff of the Council of Community Services, Inc. At present, there are a variety of opportunities open to the handicapped child and his family. Diagnostic services are available to the crippled, cerebrally palsied, mentally ill, and mentally retarded. However, group activities are only available to a segment of these populations. One agency does not provide programs for children over nine years of age; another does not provide programs for those school age children ineligible for public school; another, at the moment, provides little other than recreational opportunities for any of its clients.

Inherent in this picture of the types of services offered by volunteer agencies is the concept of diagnosis and treatment of medical problems, and provision for adequate educational and training opportunities for the handicapped during his entire life span. Each agency pictures itself attempting to meet the total needs of the child and his family. Most communities accept the premise that the handicapped individual's problem is a health problem; and so it is. However, the problem cannot be disassociated from the total effect it has on the family, relatives, neighborhood, community, and the handicapped child himself. Historically, the problems of the handicapped have been treated exclusively as a health problem and this position implies that the treatment of the handicapped is not necessarily related to the effect that handicap has upon the individual's interpersonal relationships. Dealing with problems of the handicapped within the framework of casework and family services may well reinforce the concepts and objectives of meeting the needs of the handicapped person as a member of a family and a citizen of a community.

A major step in providing coordinated services for the handicapped has been taken by the Council of Community Services through the creation of the Information and Consultation Service program. This program is available to all the citizens in the State, who may be in conflict about the availability of resources to meet the needs of their handicapped children. At present, the Information and Consultation Service acts as a referral and intake agency for geriatric persons and mentally retarded of all ages. Upon initial referral, the agency secures superficial information which would enable the staff person to make adequate referral to an appropriate agency. Unfortunately, the agency, both through lack of staff and interagency relationships, has little more to do with the case. The handicapped child becomes the total responsibility of the agency to whom he is referred. To accomplish the concept of coordinated service, the Information and Consultation Service should have recourse to follow up its case referrals to see that diagnostic and program services have been made available. In fact, with adequate personnel and financial resources, this program could act as the coordinating team member for all agencies in the State. To accomplish this goal, the agency would require additional funds for personnel. In addition, to stimulate its role as a coordinating agent, funds should be available to the agency with which it could purchase services from other agencies. This would enable the Information program to stimulate the development of integrated services for the handicapped. Since the agency was incorporated by a Federal grant and is limited to the type of handicapping conditions with which it must deal, it is recommended that an investigation of the possibility of expanding its relationship to all handicapping conditions be made.

Another step in coordinating the volunteer agencies attempt to meet the total needs of the handicapped would be the establishment of an interagency diagnostic and casework team. This team would meet regularly to handle cases which require interagency services to best meet their needs. Since the problems of the child cannot be disassociated from his total developmental needs, such a team should include the volunteer agency representative, public school administrative personnel, Division of Vocational Rehabilitation, Health Department and Social Welfare Department. This committee would be served by the Information and Consultation Services Division of the Council of Community Services which would be responsible for preparing the case material and conducting the follow-up recommendations of the committee team.

Volunteer agencies have provided programs services for the handicapped for many years. This has been done with no other guarantee of financial support than those funds raised by the agencies themselves or community funds. State funds are generally not available to these agencies. To better enable volunteer agencies meet the needs of handicapped children, grant-in-aid funds should be made available by the State. These funds can assist the agency to provide staff to develop educational programs for those handicapped children outside of public school classes.

At present, volunteer agencies working with the handicapped child have little inter-relationship. From discussions held with various representatives, it is evident that considerable numbers of handicapped children are not served due to this lack of inter-relationship. Although there seems to be adequate diagnostic opportunity for the mentally retarded, there are inadequate educational or training programs for the pre-school group, and no programs for children who are judged to be more severely retarded.

Crippled and cerebrally palsied children appear to have adequate diagnostic opportunities, but once again there is an evident lack of program services for those children over nine years of age. Services for the emotionally disturbed child are limited by the inability of the existing agency to handle more than approximately one hundred cases per year. Educational and training opportunities are open to children over sixteen through the resources of the Community Workshop, but once again, the case load is limited.

It is apparent that existing agencies provide many opportunities for the handicapped. However, inter-relationships among agencies are practically non-existent. To better utilize the services of existing agencies, these inter-relationships must be stimulated. Programs for the handicapped cannot exist on a fragmented basis. In addition to the establishment of a coordinating team, the utilization of personnel from one agency, in consultation with another, could assist the handicapped toward realizing a total program. For example, child guidance clinic personnel can provide valuable insights to personnel from other agencies regarding the emotional development of a physically or mentally handicapped child and his family.

Volunteer agencies can provide a dynamic, integrated program for handicapped children. This program cannot exist in a vacuum. A need for total planning for the handicapped child, related to all agencies, public and volunteer, can be achieved in the State. The total problem must be met through the wedded resources of the State, municipal, and volunteer agency resources. To best prepare for educational and training opportunities for the handicapped, we must consider the problems from birth to old age. The need for on-going family counseling through the developmental phases of child growth cannot be achieved by one agency. The preparation of the handicapped child, to assume some worthy place in his society, contributing to the social and economic growth of that society should be the inherent right of every handicapped person.

Recommendations

A. Transfer programs for the handicapped in the Council of Community Services, Inc. from the Health Division to the Casework and Family Division.

B. Expand the staff and responsibilities of the Information and Consultation Service of the Council of Community Services, Inc. to include follow-up of all referrals. Make the staff of the Information and Consultation Service responsible for the coordination of agency resources to meet the changing needs of the handicapped child.

C. Create an inter-agency casework and diagnostic team to recommend and relate services for the handicapped child to the appropriate agency or agencies best equipped to meet the needs of the child and his family.

D. Provide State grants to volunteer agencies offering services to the handicapped child.

E. Provide a State agent to administer the grant program and to stimulate and initiate additional resources where indicated.

F. Develop free-time activity programs outside the home for handicapped children; relate these programs to an agency's treatment program.

G. Utilize existing agency personnel as consultants to other agencies.

H. Establish an Inter-agency Advisory Board made up of one representative from each volunteer agency working with handicapped children.